Douglas County
Volunteer Commission and Board Application

COMMISSION/BOARD INFORMATION

Board(s) I would like to be considered for:  (If more than one, please rank them in order of preference)

_____ Greater Wenatchee Regional Events Center Public Facilities District Board
_____ Douglas County Planning Commission
_____ Chelan Douglas Horticultural Pest & Disease Board
_____ Douglas County Civil Service Board
_____ North Central Washington Fair Board
_____ North Central Regional Library District Board of Trustees
_____ Douglas County Open Space Board
_____ Douglas County Water Conservancy Board
_____ Boundary Review Board
_____ Housing Authority Board
_____ Chelan-Douglas Community Network
_____ Douglas County Civil Service Commission
_____ Solid Waste Advisory Committee
_____ Douglas County Board of Equalization

APPLICANT INFORMATION

Last Name: __________________________ First Name ___________ Initial: ______
Mailing Address: __________________________ City: _____________ Zip: _____________

Residency Requirement: Applicants must reside within the Douglas County limits.

Day Phone: __________________________ Evening Phone: __________________________
E-mail: __________________________ Years lived in Douglas County: ________
Occupation: __________________________ Years of Experience: __________________________
Work Address: __________________________ City: _____________ Zip: _____________

Education and Formal Training:

Volunteer/Community Experience:
Organization and Duties: __________________________ Length of Service: _____
Organization and Duties: __________________________ Length of Service: _____
Organization and Duties: __________________________ Length of Service: _____
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Organization and Duties: __________________________ Length of Service: _____
Skills/Special Interests:

Experience related to the Commission/Board:

Why are you seeking this appointment?

Would any conflict of interest be created as a result of your appointment?  _____Yes  _____No

If yes, please explain:

REFERENCES

Name:  
Address:  City:  Zip:  
Phone:  Email:  
Occupation:  Years known:

Name:  
Address:  City:  Zip:  
Phone:  Email:  
Occupation:  Years known:

Name:  
Address:  City:  Zip:  
Phone:  Email:  
Occupation:  Years known:

AFFIDAVIT OF APPLICANT

I, ____________________________, do hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I also understand that this completed application may be made available for public inspection.

(Signature)  Date:

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