



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 Voluntary Stewardship Program Working Group

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: _____

Have you ever been convicted of a felony or released from prison? _____ Yes _____ No

(A conviction record will not necessarily bar you from serving. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the position for which you have applied will be considered.)

Volunteer/Community Experience:

Organization and Duties: _____ Length of Service: _____

Organization and Duties: _____ Length of Service: _____

Organization and Duties: _____ Length of Service: _____
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: _____