



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: _____

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: _____