

Board of County Commissioners Citizen Advisory Boards and Commissions

Application

Name:			
Mailing Address:	City:	State/ZIP:	
Preferred Phone Number: Email:			
Occupation:			
Advisory Board and Commission applying for	r:		
Available hours per month:			
Briefly describe why you would like to serve.			
List your community involvement and dates.			
Describe your qualifications and skills that w	ould be of benefit.		
List your educational background and area o	f study.		
Signature:	_ Date:		