

MASON COUNTY COMMISSIONERS  
 411 NORTH FIFTH STREET  
 SHELTON WA 98584  
 Fax 360/427-8437; Voice 360/427-9670, Ext. 419

I AM SEEKING APPOINTMENT TO \_\_\_\_\_

BOARD

COMMITTEE

COUNCIL

<b>NAME:</b>		
<b>ADDRESS:</b>	<b>PHONE:</b>	
<b>CITY/ZIP:</b>	<b>VOTING PRECINCT:</b> <small>(OR AREA IN THE COUNTY WHERE YOU LIVE)</small>	<b>WORK PHONE:</b>
		<b>E-MAIL:</b>

<p><b>COMMUNITY SERVICE</b> <small>(ACTIVITIES OR MEMBERSHIPS)</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>EMPLOYMENT: (IF RETIRED, PREVIOUS EXPERIENCE)</b></p> <p><b>COMPANY:</b> _____ YRS _____</p> <p><b>POSITION:</b> _____</p> <p><b>COMPANY:</b> _____ YRS _____</p> <p><b>POSITION:</b> _____</p>
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In your words, what do you perceive is the role or purpose of the Board, Committee or Council for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What interests, skills do you wish to offer the Board, Committee, or Council?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any financial, professional, or voluntary affiliations which may influence or affect your position on this Board: (i.e. create a potential conflict of interest)

\_\_\_\_\_

\_\_\_\_\_

Realistically, how much time can you give to this position?

Quarterly       Monthly       Weekly       Daily

\_\_\_\_\_  
Signature Date

(IF NEEDED, PLEASE ATTACH ADDITIONAL SHEET FOR MORE INFORMATION)