

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

NAME:	COMMISSIONER DISTRICT #:	
ADDRESS:	CITY, ZIP:	
PHONE:	WORK PHONE:	E-MAIL:

COMMUNITY SERVICE (ACTIVITIES OR MEMBERSHIPS)	EMPLOYMENT: (IF RETIRED, PREVIOUS EXPERIENCE)
_____	COMPANY: _____ YRS _____
_____	POSITION: _____
_____	COMPANY: _____ YRS _____
_____	POSITION: _____

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)
