

MASON COUNTY LEOFF BOARD
411 NORTH FIFTH STREET
SHELTON WA 98584
Fax 360-427-8437; Voice 360-427-9670, Ext. 747

I AM SEEKING APPOINTMENT TO MASON COUNTY LEOFF BOARD

NAME:		
ADDRESS:	PHONE:	
CITY/ZIP:	VOTING PRECINCT:	WORK PHONE:
	(OR AREA IN THE COUNTY WHERE YOU LIVE)	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 for which you are applying:

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

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)
