MASON COUNTY COMMISSIONERS
411 NORTH FIFTH STREET
SHELTON WA 98584
Fax 360-427-8437; Voice 360-427-9670, Ext. 419; 275-4467 or 482-5269

I AM SEEKING APPOINTMENT TO _____

NAME:	
ADDRESS:	PHONE:
CITY/ZIP: VOTING PRECINCT: (OR AREA IN THE COUNTY YOU LIVE)	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)

_____

_____

Your participation is dependent upon attending certain trainings made available by the County during regular business hours (such as Open Public Meetings Act and Public Records). The trainings would be at no cost to you. Would you be able to attend such trainings? _____

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

Quarterly Monthly Weekly Daily

_____ _____

Signature Date

Office Use Only

Appointment Date_____

Term Expire Date_____