



APPLICATION FOR APPOINTMENT TO A WHITMAN COUNTY BOARD/COMMITTEE

Please check the box for the committee you are seeking appointment.

Complete a separate application for each board/committee you are seeking appointment.

- | | | |
|---|--|--|
| <input type="checkbox"/> Aging & Long-Term Care of Eastern WA Planning Management | <input type="checkbox"/> Developmental Services Advisory Board | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Blue Ribbon Advisory Task Committee | <input type="checkbox"/> Emergency Communications Advisory Comm. | <input type="checkbox"/> Property Management Team |
| <input type="checkbox"/> Capital Improvement Planning Comm. | <input type="checkbox"/> LEOFF I Disability Board | <input type="checkbox"/> Snake River Salmon Recovery Board |
| <input type="checkbox"/> Citizens' Commission on Salaries for Elected Officials | <input type="checkbox"/> Lodging Tax Advisory Committee | <input type="checkbox"/> Solid Waste Advisory Committee |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Noxious Weed Control Board | <input type="checkbox"/> Southeast Washington Economic Development Association |
| | <input type="checkbox"/> Palouse Empire Fair Board | <input type="checkbox"/> Water Conservancy Board |
| | <input type="checkbox"/> Parks & Recreation Board | |

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____ Business: _____

Email: _____

Please send official Board/Committee correspondence to my: Home Business

Please state your reasons for wishing to serve on this Board/Committee: _____

Please state your applicable background for service on this committee. List qualifications for membership (i.e. employment, education and/or related volunteer experience): _____

Your response to any of the above may be continued on the back of this form. You may attach any other materials that you may want the County to consider.

Please list the name, address and telephone number of two persons who would be able to confirm your qualifications for this particular committee service:

Name: _____ Address: _____

Telephone: _____ Email: _____

Name: _____ Address: _____

Telephone: _____ Email: _____

Are you available for a personal interview should the County desire? Yes No

(Special needs can be addressed if you are appointed.)

The above data is being collected in support of your application for appointment to a Whitman County Board/Committee. The Whitman County Commissioners, who will make appointments to the Board/Committee, will review the data. If you are chosen as a finalist to a board/committee, your application and the data it contains may become a part of the Board documentation, which is public record.

Signature of Applicant: _____ Date: _____

Return completed application to: Corey Mitzimberg, Clerk of the Board, 400 North Main Street, Colfax, WA 99111