

Date: _____

For Office Use Only
Dist. 1 _____
Dist. 2 _____
Dist. 3 _____

SPOKANE COUNTY

BOARD / COMMISSION MEMBERSHIP APPLICATION

PLEASE RETURN TO: KRISTIN CONDON, 1116 W BROADWAY AVE, SPOKANE, WA 99260
Email - KCONDON@SPOKANECOUNTY.ORG Fax - (509)-477-2274

Board Applied For: _____

Applicant's Name: _____

Phone Number: (Home) _____ (Work) _____

Address: _____ Email _____

City / State / Zip: _____

EMPLOYMENT HISTORY

Present Employer: _____ From _____ To _____

Duties / Responsibilities: _____

Previous Employer: _____ From _____ To _____

Duties / Responsibilities: _____

Previous Employer: _____ From _____ To _____

Duties / Responsibilities: _____

EDUCATIONAL BACKGROUND

	Name of School	Certificate / Diploma / Degree
High School		
College		
University		
Other		

COMMUNITY-RELATED ACTIVITIES (Please list)

SERVICE

Please list current and past position(s) held on City / County Boards, Committees, and/or Commissions.

Board / Commission	Years of Service	
	From:	To:
	From:	To:
	From:	To:
	From:	To:

How did you hear about this vacancy? _____

Please explain why you wish to be a member of this Board / Commission:

Information submitted on this application is subject to public viewing.

Please check this box if you would like your contact information withheld.

Thank you!

Applicant's Signature