



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:	WORK PHONE:
	(OR AREA IN THE COUNTY 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, 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 _____