



Washoe County Community Service Application

Please complete the following application to indicate your interest in a position on a Washoe County Board or Commission. Your application will be kept on file for 12 months. You will need to reapply after that time if you still wish to be considered for a position.

Is there a specific Board or Commission vacancy you are applying for? Yes No

If yes, which one?

Name:

Residential Home Address

Address:

City:

State:

Zip:

Assessor's Parcel Number if known:

Home Phone:

Cell Phone:

E-mail:

Mailing Address (if different from residential home address)

Address:

City:

State:

Zip:

Occupation and Business Address

Job Title:

Business Name:

Address (Street and/or P.O. Box):

City:

State:

Zip:

Assessor's Parcel Number if known:

Business Phone:

E-mail:

Registered Voter

Are you registered to vote in Washoe County? Yes No

The Washoe County Commission requires that a person be a registered voter in Washoe County (if eligible to vote) to be considered for membership on a Citizen Advisory Board. This requirement may be waived on a case-by-case basis by the County Commission.

How long have you lived in your area? (Years/Months)

How long have you lived in Washoe County? (Years/Months)

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

Yes No

If yes, please list conviction dates and nature:

Briefly, in your own words explain why you would like to be appointed to the Board or Commission.

Please print or type, and complete the form entirely.

February 2017

--

Describe your qualifications for this appointment, including, but not limited to your educational background, professional background and awards/honors.

--

List your community and/or civic involvement history.

--

Please list the name and phone number of any personal references that we may contact.

--

Please attach any additional information you wish.

I understand the role and responsibilities of membership on this board or commission and am willing to serve. If appointed, I will attend required meetings and training and will adhere to pertinent bylaws. I understand that some appointments require a Financial Disclosure Form to be submitted to the Nevada State Ethics Commission. I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal.

Signature: _____

Date: _____

PLEASE RETURN THE APPLICATION TO:

Washoe County Planning and Development

P.O. Box 11130, 1001 E. Ninth Street, Room A275, Reno, NV 89520-0027

Phone: (775) 328-3600; FAX: (775) 328-6133; Email: krstark@washoecounty.us

Date Received: _____

Commission District: _____

Appointed to: _____

Date of Appointment: _____

Thank you for your interest in Washoe County Government!

This document is part of the public record
and is available for public review.