

APPLICATION FOR TWIN FALLS COUNTY ADVISORY BOARD MEMBERSHIP

APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Home Phone:

Work Phone:

Other:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

Business Hours:

Can you be called at work?

REFERENCES

Name

Address

Phone

Which Advisory Board (s) are you interested in? Planning and Zoning Hospital

Parks and Recreation Board of Community Guardians Weed Board

Please fill out only if applying for Board of Community Guardians

Do you sincerely feel that you can meet the minimum standard of spending at least two hours per week with an assignment? _____

Can you respond with more time in case of an emergency? _____

Are you now someone's ward or guardian (other than your own children)?: _____

If so, where?: _____ When?: _____

Describe your qualifications for membership on a Twin Falls County Advisory Board:

Why would you be considered an asset to an Advisory Board: _____

List potential conflicts of interest as a member of an Advisory Board:

The undersigned acknowledges and agrees that he/she is not obligated if called upon, to perform the volunteer services herin applied for.

Signed: _____ Date: _____

Printed name of applicant: _____