

Board/Commission Membership Application

1116 W Broadway Ave, Spokane, WA 99260

Board Applied For:		Date:_	
Name:	Phone (h):		(c):
Address:			
Email Address:			
	Current Employme	ent	
Present Employer:		From:	To:
Duties/Responsibilities:			
Please list or describe any relevan	nt experience that you believe w	vill assist your se	rvice on the
board/commission for which you	are applying:		
	Educational Backgro	ound	
Please list the highest level of edu	ucation achieved (including sch	ool name and cer	tificate/diploma/degree
received):			
•	Community Related Ac	tivities	
Please list and describe any comm	nunity activities that you have p	participated in:	

Previous Service On Board/Commission

Board/Commission:	From:	To:
Board/Commission:	From:	To:
Board/Commission:	From:	To:
What do you believe is the (Board Name)	role in ou	r community?
	1/0	
Please explain why you wish to be a member of this B	oard/Commission:	
Signature	Date	
Please return completed application to:		
Spokane Count	ty Courthouse	
	- Attn: Shelly Thompson	
1116 W Bro	•	
Spokane, V	VA 99260	
T	F Phone – (509) 477 – 226	65 Fax - (509) 477 - 2
Email: <u>SMTHOMPSON@SPOKANECOUNTY.ORC</u>	<u> </u>	,
Note: Spokane County operates under the Washing Information in this form may be released with proper	ton State Public Records A	