

Application for Appointment to Fill a Vacancy on a Special District Board

Instructions

If you are interested in serving on a special district Board of Directors, please complete this application and return it to: _____

Date Due: _____

You will be advised by the district board if your appointment is confirmed. Thank you for your interest.

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District: _____ Date: _____

Name: _____ Age(optional): _____

Address where you live: _____

Business or Mailing address: _____

Phone (daytime): _____ Phone (evening): _____

Email: _____

Education			
Institution	Major	Degree	Year

Work/Volunteer Experience				
Organization	City	Position	From	To

Statement of Qualifications:

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

Certification:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

Signature

Date