



BOARDS – COMMISSIONS – COMMITTEES VOLUNTEER APPLICATION

YOUR CONTACT INFORMATION

NAME _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY & ZIP CODE _____

PHONE(S) _____

E-MAIL ADDRESS _____

AVAILABILITY

Indicate your availability for volunteer service

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

AREAS OF INTERESTS

<input type="checkbox"/> BOARD OF ADJUSTMENT	<input type="checkbox"/> JOINT POWERS TRAVEL AND TOURISM BOARD
<input type="checkbox"/> BUILDING CODE BOARD OF APPEALS	<input type="checkbox"/> JOINT POWERS WATER BOARD
<input type="checkbox"/> COMMUNITIES PROTECTING THE GREEN RIVER	<input type="checkbox"/> PARKS AND RECREATION ADVISORY BOARD
<input type="checkbox"/> GOLDEN GENERATION ADVISORY BOARD	<input type="checkbox"/> PLANNING AND ZONING COMMISSION
<input type="checkbox"/> GREEN RIVER ARTS COUNCIL	<input type="checkbox"/> SWEETWATER COUNTY BOARD OF HEALTH
<input type="checkbox"/> GREEN RIVER MAIN STREET	<input type="checkbox"/> TREE ADVISORY BOARD
<input type="checkbox"/> HISTORIC PRESERVATION COMMISSION	<input type="checkbox"/> URBAN RENEWAL AUTHORITY
<input type="checkbox"/> JOINT POWERS TELECOMMUNICATIONS BOARD	<input type="checkbox"/> UTILITY BILLING REVIEW COMMITTEE

SPECIAL SKILLS OR QUALIFICATIONS

Summarize the special skills and qualifications you have acquired from employment, previous volunteer work, and other activities including hobbies or sports. Optional: attach letter and résumé.

SIGNATURE _____

DATE _____
(Applications held for 6 months)

For Office Use Only
Appointment Date _____
Board _____