



**BOARD AND COMMISSION APPLICATION/INTEREST FORM
CITY OF COLLEGE PLACE**

**625 S COLLEGE AVENUE
COLLEGE PLACE WA 99324**

DATE _____ BOARD OR COMMISSION _____

NAME: Ms. Mrs. Mr. Other _____

EMPLOYER: _____

POSITION: _____

YEARS THERE: _____

EMAIL _____

PHONE—CELL _____

PHONE—WORK _____

PHONE—HOME _____

PHYSICAL ADDRESS: _____

CITY _____ ZIP _____ HOW LONG? ____ YRS ____ MO

__ SAME AS ABOVE

MAILING ADDRESS: _____

IF NOT APPOINTED AT THIS TIME, MAY WE KEEP YOUR APPLICATION ON FILE? YES NO

Briefly describe your background and experience:

List any special training, skills, or experiences you may have that are pertinent to the Board/Commission to which you are applying:

Discuss your motivation for serving on the Board/Commission to which you are applying:

State your goals for the City:

RETURN APPLICATION/INTEREST FORM TO
CITY CLERK, CITY OF COLLEGE PLACE
625 S COLLEGE AVE, COLLEGE PLACE WA 99324
OR - SAVE WITH YOUR NAME IN FILE AND EMAIL TO: CLERK@CPWA.US