



APPLICATION FOR APPOINTMENT TO A SANDERS COUNTY BOARD OR COMMITTEE

Applicant Name _____ Name of Board applying for _____

Applicant Mailing Address _____ City _____ State _____ Zip _____

Applicant Phone (Home) _____ (Work) _____ (Other) _____

Applicant Email _____

Brief description of education background _____

Current Occupation or Employer _____

Previous work experience that you feel is relevant to this particular board _____

Previous community service (boards, etc.) _____

Why do you wish to serve on this board? _____

Number of years you have been a resident of Sanders County _____

Please use an additional sheet or the back of this form to provide any other information you feel would be relevant to the Commissioners' consideration of your application. Please contact the Commissioners' Executive Assistant at 406-827-6966 if you need additional information.

Signed _____

Date _____

Return this application to the Sanders County Commissioners Office, 1111 Main Street, P.O. Box 519,
Thompson Falls, MT 59873; via email: cward@sanderscounty.gov or fax: 406-827-4388