

**LEWIS COUNTY
APPLICATION FOR ADVISORY BOARD/COMMITTEE APPOINTMENT**

Advisory Board: _____

Name: _____ Telephone: (wk) _____

(home) _____

Home Address: _____
Street

Business Address: _____
Street

City Zip

City Zip

Present Occupation & Employer: _____

Previous Employment & Experience: _____

Education (High School, College Location, Year Graduated, Degree):

Membership in Professional/Community Organizations (list offices held):

Special Interests:

A. What is your particular interest in this advisory board/committee?

B. Is there any factor which would cause a potential conflict of interest with your responsibilities as a Lewis County Advisory Board/Committee member?

Signature: _____

Please attach resume, if available.

(over)

Program Coordinator's/Staff Name: _____

Phone: _____

How was nominee brought to your attention (e.g. recommended by professional associate)?

What do you think this person's contribution will be to the Advisory Board/Committee (skills, strengths, interests)?

Additional Comments:

Signature: _____ Date: _____

Please Mail Application to:

Lewis County Social Services
Attn: Tara Smith, Manager
184 NW Chehalis Ave.
Chehalis, WA 98532