

Washoe County Debt Management Commission Community Service Application



Volunteer.....Make a Difference in Washoe County!

Please complete the following application to indicate your interest in a citizen-appointed position on a Washoe County Board or Commission. Your application will be kept on file for 12 months. You will need to reapply after that time if you still wish to be considered for a position. Applications may also be obtained on our website at www.washoecounty.us.

Name:

Residential Home Address

Address:		
City:	State:	Zip:
Assessor's Parcel Number (if known):		
Home Phone:	E-mail:	

Mailing Address (if different from residential home address)

Street and/or P.O. Box:		
City:	State:	Zip:

Occupation and Business Address

Job Title:		
Business Name:		
Address (Street and/or P.O. Box):		
City:	State:	Zip:
Business Phone:	E-mail:	

Registered Voter

Are you registered to vote in Washoe County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Washoe County Commission requires that a person be a registered voter in Washoe County (if eligible to vote) to be considered for membership on a Citizen Advisory Board. This requirement may be waived on a case-by-case basis by the County Commission.	

How long have you lived in your area?	(yrs. /mos.)
How long have you lived in Washoe County?	(yrs. /mos.)
Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list conviction dates and nature:	

State law requires that each public at-large member of the Debt Management Commission must have a knowledge of its financial structure and at least 5 years of experience in the field of public administration, public accounting or banking. Please briefly describe or highlight experience that satisfies those requirements. A combination of experiences in those fields will satisfy the requirement. The existing members of the Debt Management Commission will appoint 2 public at-large members after determining the minimum qualifications have been met.

Please print or type, and complete the form entirely

(Continued on other side.....)

August 2018

I understand the role and responsibilities of membership on this board or commission and am willing to serve. If appointed, I will attend required meetings and training and will adhere to pertinent bylaws. I understand that some appointments require a Financial Disclosure Form to be submitted to the Nevada State Ethics Commission. I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal. [If appointed to a Citizen Advisory Board (CAB), I agree to attend a CAB new member orientation session within six months of my appointment. I understand that failure to comply with this requirement will result in automatic removal from the Citizen Advisory Board.]

Signature: _____ Date: _____

PLEASE RETURN THE APPLICATION TO:	
Washoe County Clerk's Office P.O. Box 11130, 1001 E. ninth Street, Bldg. A, Reno, NV 89512 Phone: (775) 328-7279; FAX: (775) 784-7262; Email: dsonderfan@washoecounty.us	
Date Received: _____	Commission District: _____
Appointed to: _____	Date of Appointment: _____

Thank you for your interest in Washoe County Government

This document is part of the public file
and is available for public review.