



Washoe County Community Service Application

CITIZEN ADVISORY BOARD

Volunteer ... Make a Difference in Washoe County!

Please complete the entire application. 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.

Which Citizen Advisory Board (CAB) are you applying for?

To see which CAB geographical area you reside in, go to the map at our website:

https://www.washoecounty.us/mgrsoff/board_committees/cabs/CABfiles/CABHomepage/CAB_boundaries_All_Aug2016.pdf

Your Name:

Residential Home Address

Address:

City:

State:

Zip:

Assessor's Parcel Number if known:

Home Phone:

Cell Phone:

E-mail:

Mailing Address (if different from residential home address)

Address:

City:

State:

Zip:

Occupation and Business Address

Job Title:

Business Name:

Address (Street and/or P.O. Box):

City:

State:

Zip:

Assessor's Parcel Number if known:

Business Phone:

E-mail:

Are you registered to vote in Washoe County?

Yes 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? (Years/Months)

How long have you lived in Washoe County? (Years/Months)

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

Yes No

If yes, please list conviction dates and nature:

Please print or type, and complete the form entirely.

October 2017

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Briefly, in your own words explain why you would like to be appointed to the Board.

Describe your qualifications for this appointment, including, but not limited to, your educational background, professional background and awards/honors.

List your community and/or civic involvement history.

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Please list the name and phone number of any personal references that we may contact.

Please attach any additional information you wish.

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 and open meeting law training 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 Manager's Office
P.O. Box 11130, 1001 E. Ninth Street, Room A201, Reno, NV 89520-0027
FAX: (775) 328-2491

Alice McQuone - Phone: (775) 328-2722; Email: amcquone@washoecounty.us

Date Received: _____

Commission District: 1 2 3 4 5

Appointed to: _____

Jurisdiction: RN/SP/WC

Appointed to: _____

Date of Appointment: _____

Once submitted, your document will be part of the public record and available for public review.