



# Washoe County Community Service Application

## CITIZEN ADVISORY BOARD

Volunteer ... Make a Difference in Washoe County!

Please complete the following application to indicate your interest in a position on a Washoe County Board or Commission. Your application will be kept on file for 42 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/citizens](http://www.washoecounty.us/citizens)

Is there a specific Citizen Advisory Board vacancy you are applying for?  Yes  No  
If yes, which one?

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:		

### Registered Voter

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.

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

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.

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

Empty box for listing personal references.

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

**Attention: Constituent Services**

P.O. Box 11130, 1001 E. Ninth Street, Room A201, Reno, NV 89520-0027

FAX: (775) 328-2491

Andrea Tavener— Phone: (775) 328-2720; Email: [atavener@washoecounty.us](mailto:atavener@washoecounty.us)

Sarah Tone— Phone: (775) 328-2721; Email: [stone@washoecounty.us](mailto:stone@washoecounty.us)

Date Received: \_\_\_\_\_

Commission District: 1 2 3 4 5

Appointed to: \_\_\_\_\_

Jurisdiction: RN/SP/WC

Appointed to: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

*Thank you for your interest in Washoe County Government!*

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