



Small Town. Real Life.

APPLICATION FOR BOARDS & COMMISSIONS

Name _____ Date _____

Street Address _____

Mailing Address (if different from above)

Phone # _____ Email _____

Board or Commission for which you are applying _____

Other Boards, Committees or Commissions on which you would be willing to serve:

Current Occupation: _____ Employer: _____

1. Length of residence in Duvall _____

Previous address if less than 1 year at current address:

2. Reason you are interested in serving in this position:

3. What community activities or other experience do you bring to this position?

4. Do you have any special skills or expertise applicable to this position?

5. Educational/Occupational Background: _____

Are you available for evening meetings? _____ Daytime meetings? _____

Are there any evenings or days that are unacceptable? _____

Signature _____

Return form to: City of Duvall, 15535 Main Street NE, PO Box 1300, Duvall, WA 98019

Or email to: rita.moreno@duvallwa.gov

THANK YOU FOR YOUR INTEREST IN SERVICE TO OUR COMMUNITY!