



BOARD AND COMMISSION APPLICATION CITY OF COLLEGE PLACE

625 South College Avenue
College Place, WA 99324
509-529-1200

Date: _____

Please Indicate the Board or Commission Applying for: _____

Name: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		Employer	Position & Years	
Physical Address		City		Zip
Home Phone	Cell Phone		Business Phone	
Mailing Address	<input type="checkbox"/> Same as Physical Address	City		Zip
Email Address				
How did you hear of the opening?				
Do you live in the City? If yes, how long have you lived in the City?			May we keep your name on a list if not appointed at this time?	
Briefly describe your background and experience:				

List any special training, skills or experiences you may have that are pertinent to the Board/Commission to which you are applying:

Discuss your motivation for serving on the Board/Commission to which you are applying:

State your goals for the City:

Return application to: City Clerk, City of College Place
625 S College Ave.
College Place WA 99324

Or email to: LNeissl@cpwa.us