

# APPLICATION FOR APPOINTMENT TO A SPECIAL DISTRICT VACANCY

### Instructions

If you are interested in serving on a special district Board of Directors, please complete this application and return it to: \_\_\_\_\_

Date Due: \_\_\_\_\_

You will be advised by the district board if your appointment is confirmed. Thank you for your interest.

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DISTRICT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE (optional): \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

BUSINESS OR MAILING ADDRESS: \_\_\_\_\_

PHONE (DAYTIME): \_\_\_\_\_ PHONE (EVENING): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EDUCATION			
Institution	Major	Degree	Year

WORK / VOLUNTEER EXPERIENCE				
Organization	City	Position	From	To

**STATEMENT OF QUALIFICATIONS:**

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

**CERTIFICATION:**

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date