Washoe County Debt Management Commission Community Service Application



Volunteer.....Make a Difference in Washoe County!

Please complete the following application to indicate your interest in a citizen-appointed position on a Washoe County Board or Commission. 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. Applications may also be obtained on our website at www.washoecounty.gov.

Name:							
D i	.l (!-						
Address:	dential Home	e Aaaress					
City:	State:		Zip:				
Assessor's Parcel Number (if known):	Otate.		Ζιρ.				
Home Phone:	E-mail:						
Mailing Address (if different from residential home address)							
Street and/or P.O. Box:							
City:	State:		Zip:				
	ion and Busi	ness Add	ress				
Job Title:							
Business Name:							
Address (Street and/or P.O. Box):	State:		7in:				
City: Business Phone:	E-mail:		Zip:				
Busiliess Filolie.	E-IIIaII.						
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.							
This requirement may be waived or	i a case-by-ca	ase pasis i	by the Co	Junty Commission	1.		
How long have you lived in your area?			(yrs.	/mos.			
How long have you lived in Washoe Co	ounty?		(yrs.	/mos.			
Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?							
	.,			☐ Yes			
If yes, please list conviction dates and	nature:						
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State law requires that each public at-large member of the Debt Management Commission must							
have a knowledge of its financial structure and at least 5 years of experience in the field of public administration, public accounting or banking. Please briefly describe or highlight							
experience that satisfies those requirements. A combination of experiences in those fields will							
satisfy the requirement. The existing							
appoint 2 public at-large members after							

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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 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 APPLICAT	TION TO:		
Washoe County Clerk's Office 1001 E. Ninth Street, Bldg. A, Reno Phone: (775) 328-7279; FAX: (775)	o, NV 89512) 784-7262; Email: <u>Imorris@washoecounty.gov</u>		
Date Received:	Commission District:		
Appointed to:	Date of Appointment:		

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Thank you for your interest in Washoe County Government

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