

COALITION FOR SENIOR CITIZENS BOARD APPLICATION

952 South Maine St., Fallon, NV 89406

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

E-mail address: _____

Current occupation/employment: _____

Dates of employment: _____ to _____

Length of residency in Churchill County: _____

Are you holding any other public office? Yes _____ No _____

If yes, will you be willing to resign from that position if appointed to this board?

Previous experience that you feel would be beneficial to becoming a board member of the Coalition for Senior Citizens:

Employment History: _____

Volunteer work: _____

Membership in clubs/organizations: _____

List any special skills you have that would be an asset to the board: _____

How much time can you devote to board business: _____

What do you think the role of the board is and why would you like to become a board member?

Briefly describe the duties and responsibilities associated with being a board member:

Please attach any additional information you wish to be considered.

Signature: _____ Date: _____

This application may be subject to the Open Meeting Law and may be treated as a public document. All applicants will be notified following the board decision regarding the appointment.