



Kootenai County Advisory Board/Commission/Committee Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Mailing Address (If different than street address): _____

Applying for (Name of Committee/Commission/Board): _____

How long have you lived in (a) Idaho _____ (b) Kootenai County _____

How did you learn about this advisory board? If you were referred, please include who referred you to apply:

Education

High School: _____

College: _____

College: _____

Highest Level Degree Reached (include area of study): _____

Other
Schooling/Certification(s): _____

Current Employment

Company Name & Address: _____

Title/Position: _____

Time with Company/Time in Current Position: _____

Advisory boards meet at varied times, including morning, afternoon, & evening meetings. Each board posts regular meeting days/times on the county website. For the advisory board you are applying for, are you available to meet at their currently scheduled day/time? Note: Planning & Zoning meets as frequently as once per week. See website for details.

Volunteer Experience & Miscellaneous Information

Please explain any conflicts of interest, potential conflicts of interest, or professional/official business that exists between you and the board/commission for which you are applying:

Have you previously applied for a volunteer committee/commission/board for any city or county agency? If yes, which one(s)?

Have you previously served or are you currently serving on a volunteer committee/commission/board for any city or county agency? If so, which one(s)?

Have you ever attended a meeting of the volunteer committee/commission/board for which you are applying?

Please briefly describe your understanding of the responsibilities of the volunteer committee/commission/board for which you are applying:

What particular talents/skills/knowledge would you bring to the committee/commission/board for which you are applying?

Why do you wish to be a member of this particular committee/commission/board?

Please describe your involvement in, or affiliation with, any professional associations:

Have you ever been involved in litigation against Kootenai County or any of its agencies? Please explain below.
(For informational purposes only; this is not a disqualifying factor)

Kootenai County is committed to strict adherence to the Americans with Disabilities Act. Are you familiar with this law?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Disclaimer and Signature

Please note that all application materials submitted will become public record once submitted and may be disclosed under the Idaho Public Records Law, per Idaho Code §74-101(1), §74-101(12), and §74- 106(1). Kootenai County does not discriminate against individuals or groups on the basis of disability in the admission access to, or treatment in, its public meetings, programs, or activities.

I certify that my answers are true and complete to the best of my knowledge.

By typing your name in the field below, you are agreeing that your typed signature is the electronic equivalent of your manual signature on this form. Kootenai County reserves the right to request a manual signature on this form prior to appointment to any advisory board.

Signature: _____ Date: _____