



KOOTENAI COUNTY

BOARD OF COMMISSIONERS

CHRIS FILLIOS • LESLIE DUNCAN • BILL BROOKS

Advisory Board Membership Application

Applicant Name _____ Date _____

Address _____

How Long Have You Been a Resident of Kootenai County? _____

Do You Live in an Incorporated City Within Kootenai County? _____

Home Phone _____ Business/Other Phone _____

Email Address _____

Present Employer _____ From: _____ To: _____

Please List the Highest Level of Education Achieved (Include School Name and Certificate or Diploma/Degree Received) _____

Advisory Boards

**Please indicate your choices by number in order of preference (first choice being "1")
Choose no more than 3**

- | | |
|--------------------------------------|---------------------------------------|
| ___ Airport Advisory Board | ___ Aquifer Protection District Board |
| ___ Board of Community Guardians | ___ North Idaho Fair Board |
| ___ Historic Preservation Commission | ___ Natural Resource Advisory Board |
| ___ Noxious Weed Advisory Board | ___ Planning and Zoning Commission |
| ___ Snowmobile Advisory Board | ___ Parks & Waterways Advisory Board |

Why are you interested in this position? _____

What particular strengths would you bring to this position? _____

What role do you think advisory boards play in our community? _____

Recommended by _____

Please List Boards and Committees that You Serve on, or Have Served on (Business, Civic, Community, Fraternal, Political, Professional, Recreational, Religious, Social)

Organization	Role / Title	Date of Service
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Can You Perform the Essential Functions of Being a Member of the (board name), With or Without Reasonable Accommodation? _____

I Certify That the Answers I Have Made to Each and All of the Foregoing Questions Are True to the Best of my Knowledge and Belief.

Date

Signature

Thank You for Applying!

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). Some Advisory Boards may require background checks prior to appointment, per County policy.

RETURN TO: Kootenai County Commissioners
PO Box 9000
451 N. Government Way
Coeur d'Alene, ID 83816
(208)446-1600 Fax (208)446-2178
Email: kbocc@kcgov.us

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. Requests for assistance or accommodations can be arranged by contacting the Board of County Commissioners Office at (208) 446-1600.

Office Use Only

___ Nominee was referred by _____
___ Nominee was mailed application packet _____
___ Nominee packet was received on _____
___ Nominee had meeting with Board Chair, Board member, or BOCC on _____
___ Nominee application was reviewed by BOCC on _____
___ Nominee was interviewed by the Board on _____ BOCC on _____
Action taken by the BOCC _____
If appointed, date appointment letter mailed _____
Name of Advisory Board _____ Term length _____