Date:	
-------	--

For Office Use Only Dist. 1
Dist. 2
Dist. 3

SPOKANE COUNTY

BOARD / COMMISSION MEMBERSHIP APPLICATION

PLEASE RETURN TO: GINNA VASQUEZ 1116 W BROADWAY AVE SPOKANE WA 99260

Email - GVASQUEZ@SPOKANECOUNTY.ORG Fax - (509)-477- 2274 Phone- 477-2265							
Board Applied	For:						
	me:						
Phone Number	r: (Home)	(Wor	·k)				
Address:	Email						
City / State / Zi	p:						
EMPLOYM	IENT HISTORY						
Present Emplo	From	To					
Duties / Respo	nsibilities:						
Previous Employer:			From	To			
	nsibilities:						
Previous Empl	oyer:	From	To				
	nsibilities:						
EDUCATIO	ONAL BACKGROU	ND					
	Name of S	chool	Certificate / Diploma	/ Degree			
High School							
College							
University Other							

COMMUNITY-RELATED AC	TIVITIES (Plea	se list)	
SERVICE Please list current and past position(s) Commissions.	held on City / Count	/ Boards, Committees, and	d/or
Board / Commission		Years of Service	
	From:	То:	
	From:	То:	
	From:	To:	
	From:	To:	
Please explain why you wish to be a		ard / Commission:	
Information submitted on this application Please check this box if you would Thank you!		_	
a.m. you.			
	Applicant's	s Signature	