Application for Board Appointment

Name of Board: _____

Applicant's Name: _____

Mailing Address: _____

Residence Address: _____

Daytime Phone: _____ Other Phone: _____

Fax: _____ Email: _____

Occupation/Employer: _____

_____

Why do you want to serve on this Board?

Please describe your qualifications for serving on this Board:

Other Comments:

Please be sure to read Attachment A, "Questions to Ask Yourself" before submitting this application.
If you wish, you may attach additional information to this page.

Your completed application should be returned to the Office of the County Commissioners at 150 Courthouse Drive or emailed to commissioners@co.teton.id.us or faxed to 354-8776.