



**Volunteer Application for
Appointment to a Board,
Commission, Committee or
Council**

The following information will assist us in the selection process. Please help us in getting to know you.

Name: _____ Home phone # _____
(last, first, middle initial)

Mailing Address: _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Business Address _____

Work phone # _____ E-mail _____ Fax _____

Education: _____

I would like to be considered for _____

Why are you applying for this appointment? _____

Which of your personal and/or professional interests prompted you to apply for this appointment?

Have you served on any other Kitsap County board, commission, committee, council or task force? If yes, please list:

(Complete the back of this form too)

Please turn page 

Please list your qualifications for this appointment (include skills, activities, training, education)

What are your community interests (committees, organizations, special activities)? _____

Personal References:

**Please provide the names of two non-relative references*

1. Name _____ Phone # _____

Address _____ City/Zip _____

Relationship _____

2. Name _____ Phone # _____

Address _____ City/Zip _____

Relationship _____

I give my permission for the named references* to be contacted either verbally or in writing. All the information on this application is true to the best of my knowledge.

Signature _____ Date _____

We welcome your willingness to serve Kitsap County. Please return this completed form to: Jan Koske, Kitsap County Volunteer Services Coordinator, Administrative Services, Kitsap County Courthouse, 614 Division Street MS7, Port Orchard, WA 98366 (360) 337-4650, Email jkoske@co.kitsap.wa.us

**KITSAP COUNTY SUBSTANCE ABUSE ADVISORY BOARD
SUPPLEMENTAL APPLICATION FOR APPOINTMENT**

Name _____

Kitsap County Resident since: _____ My County Commissioner is: _____

Consumer Experience: Have you or any member of your immediate family received services related to substance abuse? Yes No

RCW 70.96A.300 requires that the board shall be composed of not less than seven nor more than fifteen members, who shall be chosen for their demonstrated concern for alcoholism and other drug addiction problems. Members of the board shall be representative of the community, shall include at least one-quarter recovered alcoholics or other recovered drug addicts, and shall include minority group representation.

OPTIONAL - Are you recovering from alcohol or other drug dependency? Yes No

OPTIONAL – What ethnic minority group do you represent? _____

WORK EXPERIENCE - Do you have any paid work experience in the substance abuse field? Yes No

If yes, please describe: _____

AFFILITATIONS – Within the past year, have you or a member of your immediate family been employed by, or on the board of directors of an agency funded in part by Kitsap County? Yes No

If yes, please describe _____

SPECIAL TRAINING – have you received special training in the area of Human Services? Yes No

If yes, please describe _____

Would you be able and willing to attend a one day weekend retreat once a year? Yes No

I understand the member responsibilities and am aware that this appointment will entail 2 to 6 hours per month of active involvement in Board meetings and activities.

Date

Signature of Applicant

Please return to:

Jan Koske, Kitsap County Volunteer Services Coordinator, 614 Division Street, MS7, Port Orchard, WA 98366
DAS Jan Forms KCSAAB 6/23/04

Kitsap County provides equal opportunities for appointment to citizen advisory boards.

This form must accompany the Volunteer Application for Appointment to a Board, Commission, Committee or Council