



**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

**PENINSULA REGIONAL SUPPORT NETWORK (PRSN)
SUPPLEMENTAL APPLICATION FOR APPOINTMENT**

Residence:

How long have you lived within the PRSN service area (Kitsap/Jefferson/Clallam counties): _____

Consumer Experience:

Have you or any member of your immediate family received mental health services? Yes _____ No _____

Affiliations:

Within the past year, have you or a member of your immediate family been employed by, or on the board of directors of any agency funded in part by the Peninsula Regional Support Network? Yes _____ No _____

If yes, agency name: _____

Special Training:

Have you received special training in the area of Human Services? Yes _____ No _____

If so, please describe:

Availability to Attend Meetings:

A. Would you be available to attend daytime meetings once per month? Yes _____ No _____

B. Are there certain nights of the week you would be unable to attend meetings (excluding Friday, Saturday or Sunday evenings) _____

C. Are you able and willing to attend committee meetings in addition to PRSN Board meetings? Yes _____ No _____

D. Would you be able to attend a weekend retreat once a year? Yes _____ No _____

Comments (Optional):

In addition to the above, I wish to add:

Date

Signature of Applicant

Please return to:

**Jan Koske, Kitsap County Volunteer Services Coordinator
614 Division Street, MS-7
Port Orchard, WA 98366**