

APPLICATION FOR APPOINTMENT TO:

Wasco County Commission on Children & Families

*610 Court Street
The Dalles, OR 97058
(541506-2670
Fax: (541) 506-2671*

Name of Applicant: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Occupation: _____ Paid to Serve Children/Families: YES ___ NO ___

Business Address: _____

City: _____ Zip: _____ Business Phone: _____

Please answer the following questions; you may attach an additional sheet of paper if needed:

1. Please explain the reasons why you would like to be considered for an appointment to the Wasco County Commission on Children and Families.

2. Do you have any special skills, competencies or experiences you feel would assist the Commission in accomplishing its ongoing responsibilities and tasks? If yes, please describe:

3. What specific issue(s) related to Children and Families are you interested in?

4. List any advisory committees, civic organizations, charitable groups, etc. that you have served on.

Additional Comments/Information:

Signature: _____ Date: _____
