

**WILLIAM SHORE MEMORIAL POOL DISTRICT**  
**APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION OR COMMITTEE**

Seeking appointment to:

\_\_\_\_\_ Board of Commissioners — Public Board Member position

\_\_\_\_\_ Citizens Advisory Committee

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**Applicant Name and General Information**

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First

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Last

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Home Street Address

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City

State

Zip

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Home phone

Work phone

Cell phone

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E-mail address

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**Certification and Location Information (circle one)**

Are you a resident of the Port Angeles School District'\*

Yes No

Are you a citizen of the United States?

Yes No

Do you own/manage a business in the City?

Yes No

Do you hold any professional licenses, registrations or certificates in any field?

Yes No

If so, please list: \_\_\_\_\_

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Are you aware of any conflict of interest which might arise by your service on a William Shore Memorial Pool District Board or Committee? If so, please explain:

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Work Experience - List most recent experience first, or attach a resume

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Employer	Title	From (M/Y)	To (M/Y)
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Brief job description

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Employer	Title	From (M/Y)	To (M/Y)
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Brief job description

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Employer	Title	From (M/Y)	To (M/Y)
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Brief job description

**Education** - List most recent experience first

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Institution/Location	Degree earned/Major area of study	Yes No Graduated?
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Institution/Location	Degree earned/Major area of study	Yes No Graduated?
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Institution/Location	Degree earned/Major area of study	Yes No Graduated?
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Charitable, Social and Civic Activities and Memberships - List major activities you have participated in during the last five years

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Organization/Location	Group's purpose/objective	# of members
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Brief description of your participation: \_\_\_\_\_

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Organization/Location	Group's purpose/objective	# of members
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Brief description of your participation: \_\_\_\_\_

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Questions

Why are you interested in serving on this Board or Committee?

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What in your background or experience do you think would help you in serving on this Board or Committee?

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What is your understanding of the responsibilities of this Board or Committee?

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Please feel free to add any additional comments you wish to make regarding your application.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Submit completed forms to:

Steve Burke  
Shore Aquatic Center  
225 East 5<sup>th</sup> Street  
Port Angeles, WA 98362

In compliance with the Americans with Disabilities Act, if you need special accommodations because of a physical limitation, please contact the Shore Aquatic Center at (360)775-2119 so appropriate arrangements can be made.