



TWIN FALLS COUNTY
425 Shoshone St. N. / P.O. Box 126
Twin Falls, ID 83303-0126
www.twinfallscounty.org

EOE / VETS / Drug Free Workplace

**APPLICATION FOR
TWIN FALLS COUNTY ADVISORY BOARD MEMBERSHIP
OR INTERNSHIP**

Name (Print) _____ Today's Date: _____
Last First Initial

Present Address: _____ Phone: _____
No. Street City State Zip Day Message

Work Phone: _____ May we contact you at work? Yes No

Which Advisory Board(s) are you interested in?

- Fair Tree Commission
- Parks & Waterways Weed Board
- Planning & Zoning Pest Abatement District
- Intern: Please list department: _____

Describe your qualifications for membership on a Twin Falls County Advisory Board or internship position:

Why would you be considered an asset to an Advisory Board or as an intern?

Are you related to anyone who works for Twin Falls County? If so, who and which department do they work?

Can you meet the minimum standard of two (2) hours per week on this assignment? Yes No

List potential conflicts of interest as a member of an Advisory Board or as an Intern:

Have you ever been charged with a crime, convicted, or pled guilty to a felony or a misdemeanor, including withheld judgments and bond forfeiture? This will not necessarily disqualify you. Yes No If yes, please give details, including dates:

Do you agree to uphold Twin Falls County's policies regarding sexual harassment and drug free workplace? (Upon appointment, a copy of these policies will be provided to you.) Yes No

PERSONAL REFERENCES: Please list the names of three (3) persons not related to you by blood or marriage:

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

The undersigned acknowledges and agrees that he/she is not obligated if called upon, to perform the volunteer services herein applied for.

Signed: _____ Date: _____

Printed Name of applicant: _____

