

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

APPLICANT INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Home Phone:	Work Phone:	Other:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	Business Hours:	Can you be called at work?

Which Advisory Board (s) are you interested in? Planning and Zoning Fair
 Parks and Waterways Tree Commission Weed Board Intern

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 by blood, marriage or adoption to anyone who works for Twin Falls County within the second degree? If so, who and which department do they work?

Do you feel you can meet the minimum standard of two 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: _____