



BOARD MEMBER APPLICATION

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

1. Do you reside within the Sanitary District? _____
2. Are you registered to vote in Deschutes County? _____
3. Number of year(s) you have lived in the area? _____
4. Would you be able to attend monthly meetings on a regular basis? _____
5. Are you aware that Board Members may have to devote considerable time at home for study and analysis of District issues? _____
6. Can you foresee any potential conflicts of interest that would prevent you from making impartial decisions? Please explain: _____

7. Would you be willing to represent the District at out-of-town meetings? _____
8. What is your occupation? _____
9. Please give a brief statement explaining why you desire to participate in District activities and projects. _____

10. What qualifications do you possess that would benefit the District? _____
