

**Application for Budget Committee**

**2023-2026**

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| **Contact Information** | |
| Name: |  |
| Street Address: |  |
| Mailing Address: |  |
| City/State/Zip Code: |  |
| Home Phone: |  |
| Work Phone: |  |
| E-Mail Address: |  |

# Background

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| Years of Residence in Grant County: |  |
| Place of Employment: |  |
| Occupation: |  |
| Educational Background: |  |
| Prior Civic Activities: |  |

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| **Special Skills or Qualifications** |
| Summarize any special training, skills or experience you may have pertinent to the Budget Committee. |

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| **Motivation** |
| Discuss your motivation for serving on this committee. |

# Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| Name (printed) |  |
| Signature |  |
| Date |  |

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| **Our Policy** |
| It is the policy of the Grant County Emergency Communications Agency to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.  Thank you for completing this application form and for your interest in volunteering with us. |