COUNTY OF YORK, VIRGINIA

BOARD BANK APPLICATION

OFFICE USE ONLY:

Date Received: _____

Letter Sent: _____

Currently Serving On : _____

_____

_____

NAME:

_____ _____ _____ _____

(Last) (First) (Middle Initial) (Mr., Mrs., Miss, Rank)

HOME ADDRESS: _____ _____

(Email Address)

_____

TELEPHONE NUMBERS: _____ _____ _____

(Home) (Business) (FAX)

PROFESSION/VOCATION/
CURRENT EMPLOYER: _____

_____

BOARDS/COMMISSIONS ON WHICH YOU WISH TO SERVE: _____

(List no more than 3 -- in order of preference:) _____

_____

OTHER INTERESTS: _____

EDUCATION: _____

_____

JOB EXPERIENCE: _____

_____

CIVIC OR SERVICE ORGANIZATION EXPERIENCE: _____

_____

_____

ARE YOU CURRENTLY A MEMBER OF A YORK COUNTY BOARD OR COMMISSION? _____

IF YES, PLEASE NAME: _____

HAVE YOU PREVIOUSLY SERVED AS A MEMBER OF A YORK COUNTY BOARD OR COMMISSION? _____

IF YES, PLEASE NAME: _____

_____

ARE YOU A REGISTERED VOTER? _____ DISTRICT NUMBER: _____

Submit by Email

Choose the "Desktop Email Application" option when email opens and click send.
Please remember to download the latest version of Adobe Acrobat reader from our webpage.

OTHER INTERESTS (Continued):

JOB EXPERIENCE (Continued):

CIVIC OR SERVICE ORGANIZATION EXPERIENCE (Continued):

Submit by Email

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