



Application for:

Town of Twisp Boards and Commissions

(Additional information or a resume may be submitted with this application)

DATE RECEIVED

The Town of Twisp utilizes volunteers, boards, commissions and committees to provide input and better services to the community. The purpose of these services is to enable the Town to take advantage of the extraordinary strengths, knowledge, talents and skills that citizens here possess and truly allow more hands to help shape our Town. Another goal is to provide opportunities to be involved and learn about our local government in a venue that might be less intimidating than running for office. Twisp is truly viewed as the Heart of the Methow Valley and our center of commerce and culture. We are looking for people with various types of life experience that will help develop the vision of the community and make decisions about the rules that govern us. This application is designed to give applicants an opportunity to share their background, experience, interests, and skills, enabling the Town Council and Mayor to make the best possible placements.

Personal Information

Last Name		First Name		Middle Initial
Address			City/State	Zip
Home Phone ()	Message Phone ()	Work Phone ()	Email	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, give date of birth	Do you need any special accommodations for meetings or board activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe:)		

Availability & Skills

Availability <input type="checkbox"/> Long-term(>1 yr) <input type="checkbox"/> Short-term <input type="checkbox"/> Special Project	Are you currently employed in any business that might be doing business with the Town? Please name business: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Check the dates you can be available for meetings or work on the project (check all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What particular skill areas do you have experience in or are you interested in? Give details below:

<input type="checkbox"/> Appeal Board of Adjustment	<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Library Advisory Board
<input type="checkbox"/> Civil Service Commission	<input type="checkbox"/> Volunteer Fireman	<input type="checkbox"/> Parks and Recreation Board
<input type="checkbox"/> Community Development Volunteer	<input type="checkbox"/> Volunteer (Department?) _____	<input type="checkbox"/> Other _____

What general skills/experience/education would you bring to the Town and share in your work?

Criminal convictions

(We need to know this for bonding and insurance purposes) Have you ever been convicted of a felony or released from prison within the last ten (10) years, or a misdemeanor other than minor traffic offenses within the past three (3) years (A conviction will not necessarily bar you from appointment)?

Yes No If yes, please explain:

Medical Considerations

Do you have any medical, physical, or emotional conditions that should be taken into consideration in arranging volunteer, commission, board, or committee assignments? Yes No

If yes, please explain:

In case of emergency, please contact	Address/City/State/Zip	Phone
--------------------------------------	------------------------	-------

References (do not list relatives)

Name	Address/City/State/Zip	Phone

Continued on reverse side

Notice to Volunteers

Persons appointed as volunteers or commission, board, and committee members are not considered to be Town of Twisp employees.

The data furnished on this form is furnished voluntarily and will be used to contact, interview, and place volunteer board or committee members.

Signature is Required

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer board or committee member. Further, I give permission for an authorized representative of the Town of Twisp to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 and to inquire of individuals about my ability to perform all aspects of the volunteer board or committee position for which I am being considered; and I release the Town of Twisp and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer board or committee member for the Town of Twisp, I am fully aware that the work associated with being a volunteer board or committee member can involve risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in these Town programs, I hereby assume all risk of injury, damage, and harm to myself arising from such activities or use of Town facilities. I also hereby individually and on behalf of my heirs, executors, and assignees, release and hold harmless the Town of Twisp, their officials, employees, and agents, and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my volunteer board or committee member activities.

I give permission to have my photo taken and used for publicity purposes by the Town. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in any of these programs/activities.

Signature	Date
If under 18, parent or guardian's signature	Date

Return completed and signed applications to:
Town of Twisp
PO Box 278
Twisp, WA 98856

Questions can be directed to 997-4081, and additional information about the Town can be found on www.townoftwisp.com