**APPLICATION FOR BOARD APPOINTMENT**

**BARTON COUNTY - 1400 MAIN - ROOM 107, GREAT BEND, KANSAS 67530 - (620) 793-1800**

**Barton County Memorial Park Advisory Committee – Accepting Applications until Positions are Filled**

*The Barton County Memorial Park Advisory Committee is charged with advising and assisting the County Commissioners regarding the care and management of both Golden Belt and Hillcrest Memorial Parks.*

*Not less than five, nor more than seven members, shall be appointed to uncompensated terms.*

**TERM INFORMATION**

\_\_\_\_\_\_\_\_\_\_ Two Full Four-Year Position (July, 2024)

**PERSONAL INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle LastAny other names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Married

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City, State, Zip Code

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION INFORMATION**

Level of Education – Please list any degrees or certifications

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List any subjects studied that would be pertinent to this Board appointment

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**EXPERIENCE INFORMATION**

List qualifications and\or experience which would qualify you to serve on this Board:

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**COMMUNITY SERVICE EXPERIENCE**

1. Name, Address and Phone Number of Organization

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Community Service Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Served As \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY SERVICE EXPERIENCE, continued**

2. Name, Address and Phone Number of Organization

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Community Service Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Served As \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name, Address and Phone Number of Organization

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Community Service Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Served As \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

Please list four (4) references. Include one employer. Relatives may be included.

Name Relationship Phone Number or Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OTHER INFORMATION**

Are you related to any one currently employed by the agency for which this Board serves? If yes, please list the name and position of the person to whom you are related.

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Are you currently or have you previously worked for the agency for which this Board serves? If currently employed, please explain how you could serve as a Board member and remain in employment without having a conflict of interest. If a past employee, please explain how your relationship with the agency ended.

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**ACKNOWLEDGEMENT**

I understand that by submitting this application, I am certifying that the facts contained in this application are true and complete to the best of my knowledge. If appointed to any board, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained in this application as may be necessary, including an investigation of criminal background. I understand that Barton County is an Equal Opportunity Employer and that no individual will be rejected for any Board appointment because of race, color, religious creed, national origin, sex, age, handicap or marital status. This application for appointment must be an original, signed and dated to be valid. Fax copies of applications will not be accepted. Applications must be received by the closing date and time of the open application period in order to be considered. Applications will be accepted only during open application periods.

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Signature Date