

MARION COUNTY BOARD AND COMMISSION APPLICATION

MARION COUNTY COMMISSION'S OFFICE
200 JACKSON STREET, ROOM 403
FAIRMONT, WV 26554
TELEPHONE: (304) 367-5400 Fax: (304) 367-5431
Website: www.marioncountywv.com

By completing this form, you are indicating your interest to serve on a county board, committee or authority. All appointed positions must meet the criteria for the appointment (If applicable). Each appointed member must follow all requirements of the board to remain. All appointments remain at the discretion of the County Commissioners. This application is a public document and will be on file for 2 years

Name: _____
Address: _____ Zip: _____
Telephone(s): Home _____ Business _____
Email: _____ Cell Phone: _____
Occupation: _____ Name of Employer: _____
Do you reside in the Marion County? Yes or No How Long? _____
Do you work within the County? Yes or No
What is your Political Party Affiliation? _____
Age Group: ___ Under 18 ___ 18-34 ___ 35-60 ___ Over 60
Education: ___ Elementary ___ High School ___ College ___ Graduate
Degrees/Majors: _____
Certification or other Vocational Training: _____
Other Skills: _____

Volunteer Experience and other Community Involvement (give dates):

(If additional space is required, please attach a separate sheet of paper.)

If you are appointed, could you meet: Morning ___ Afternoon ___ Evening ___
Check ALL areas in which you have experience and **3** areas only in which you are interested:

Exp./Int. ___/___ Budgeting	Exp./Int. ___/___ Fund Raising	Exp./Int. ___/___ Tourism
___/___ Cultural Activities	___/___ Planning/Management	___/___ Transportation
___/___ Economic Development	___/___ Public Relations	___/___ Urban Concerns
___/___ Education Training	___/___ Recreation	___/___ Youth
___/___ Environment	___/___ Volunteer Services	___/___ Other

What do you feel you can contribute to the community that may not be evident from information already on this form? _____

Please Check Three (in order of preference i.e., 1-2-3) of the Boards, Commissions, and Committees for which you would like to be considered for appointment.

- | | |
|--|--|
| <input type="checkbox"/> ADA Compliance Committee | <input type="checkbox"/> Marion County Board of Health |
| <input type="checkbox"/> Advisory Committee to Convert Rural Routes to City Type Addresses | <input type="checkbox"/> Members Unsafe Bldg. Enforcement |
| <input type="checkbox"/> Benedum Airport Authority | Marion County Public Service Districts: |
| <input type="checkbox"/> Convention & Visitors Bureau of Marion County | <input type="checkbox"/> Colfax PSD |
| <input type="checkbox"/> Deputy Sheriff's Civil Service Commission | <input type="checkbox"/> Downs PSD |
| <input type="checkbox"/> Emergency 911 Advisory Board | <input type="checkbox"/> Greater Marion PSD |
| <input type="checkbox"/> Fairmont/ Marion County Transit Authority | <input type="checkbox"/> Greater Paw Paw PSD |
| <input type="checkbox"/> Fairmont Regional Airport Authority | <input type="checkbox"/> Ices Run PSD |
| <input type="checkbox"/> Local Emergency Planning Commission | <input type="checkbox"/> Kingmill Valley PSD |
| <input type="checkbox"/> Marion County Library Board | <input type="checkbox"/> Little Creek PSD |
| <input type="checkbox"/> Marion County Building Commission | <input type="checkbox"/> Mannington PSD |
| <input type="checkbox"/> Marion County Development Authority | <input type="checkbox"/> Monumental PSD |
| <input type="checkbox"/> Marion County Parks and Recreation | <input type="checkbox"/> Paw Paw Route 19 PSD |
| <input type="checkbox"/> Marion County Planning Commission | <input type="checkbox"/> Valley Falls PSD |
| <input type="checkbox"/> Marion County Rescue Squad | <input type="checkbox"/> Whitehall PSD |
| <input type="checkbox"/> Marion County Solid Waste Authority | <input type="checkbox"/> Region VI Planning & Development Council |
| | <input type="checkbox"/> Wes-Mon-TY RC&D Mon County Soil Conservation District |

Which Boards have you served (or are you Serving) on?

Name/Date _____ Name/Date _____

Please List three individuals who may be contacted when considering you for an appointment.

Name	Address	Telephone Number	
		(Home)	(Work)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature

Date