## **WASHOE COUNTY** CITIZEN ADVISORY BOARDS



## Membership Application

## Gerlach/Empire CAB

(Please type or print legibly, and complete the form in its entirety.) Name: Nick Name (if preferred): Residential Home Address Address: City: State: Zip: Assessor's Parcel Number (if known): Home Phone: Email: Mailing Address (if different from residential home address) Street and/or P.O. Box: City: State: Zip: Occupation and Business Address Job Title: **Business Name:** Address (Street and/or P.O. Box): City: State: Zip: Business Phone: Email: Registered Voter Are you registered to vote in Washoe County? ☐ Yes ☐ No The Washoe County Commission requires that a person be a registered voter in Washoe County (if eligible to vote) to be considered for membership on a Citizen Advisory Board. This requirement may be waived on a case-by-case basis by the County Commission. How long have you lived in the Citizen Advisory Board area? (yrs. /mos. How long have you lived in Washoe County? (yrs. /mos. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? ☐ Yes ☐ No If yes, please list conviction dates and nature: Positions are limited to Washoe County residents living within the CAB's geographic area. CAB maps are available at www.washoecounty.us/cab, then choose "Citizen Advisory Board Maps". A conscientious effort is made to appoint persons who represent all of the various communities

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☐ At-Large Alternate (1 position)

within the CAB area. You may apply for the Senior Citizen position if you are at least 60 years of age. You may also apply for both the At-Large and At-Large Alternate positions. Please

check the appropriate box(es).

At-Large (4 positions)

Senior Citizen (1 position)

The Gerlach/Empire CAB meets the third Thursday in February, June, August and October at 5:30 p.m. at the Gerlach Community Center, 410 Cottonwood in Gerlach, and the meetings average 2-3 hours in duration.

Explain briefly, in your own words, why you would like to be appointed to the Citizen Advisory Board. Please attach any additional information you wish.
I understand the role and responsibility of membership on this CAB and am willing to serve. If appointed, I will attend required meetings and training and will adhere to the CAB bylaws. I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal. If appointed, I agree to attend a CAB new member orientation session within six months of my appointment. I understand that failure to comply with this requirement will result in automatic removal from the Citizen Advisory Board.
Signature: Date:
PLEASE RETURN THE APPLICATION TO:
Sheri Ingley, Program Assistant, Community Support Services Program Washoe County Department of Community Development P.O. Box 11130, 1001 E. Ninth Street, Room 275, Reno, NV 89520-0027 Phone: 775.328.3612; Fax: 775.328.6133; Email: <a href="mailto:singley@washoecounty.us">singley@washoecounty.us</a>
Date Received: Jurisdiction (city/county):
Commission District: Date of Appointment:

This document is part of the public file and is available for public review.

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