APPLICATION FOR BOARD APPOINTMENT BARTON COUNTY - 1400 MAIN - ROOM 107 GREAT BEND, KANSAS 67530 - (620) 793-1800 or TOLL FREE 1-877-419-7171

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, 2020)

PERSONAL INFORMATION

Name			
First	Middle	Last	
Any other names			
Maiden	Married		
Address			
Street	City, State, Zip C	City, State, Zip Code	
Phone number			
Home	Work		
Email			
	EDUCATION INFORMATIO	1	
Level of Education – Please list any degre	ees or certifications		
List any subjects studied that would be pe	rtinent to this Board appointment		
	EXPERIENCE INFORMATIO	N	
List qualifications and\or experience which	n would qualify you to serve on this	Board:	
	COMMUNITY SERVICE EXPERI	ENCE	
1. Name, Address and Phone Number of	Organization		
Community Service Provided		Served As	

Community Service Provided		Served As		
3. Name, Address and Phone Number of Organization				
Community Service Provided				
Please list four (4) references. Include one employe	REFERENCES er. Relatives may be	included.		
Name	Relationship	Phone Number		
	OTHER INFORMATI			

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.

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.

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.

Signature

Date