

APPLICATION FOR BOARDS AND COMMITTEES

Name	Date				
Address	City			State Zip	
E-Mail Address					
Phone: (Home)	(Work)			(Cell/Other)	
Are you a resident of Gallatin County	? Yes No	Length	of residency	in Gallatin Co	ounty:
Board or Committee you are applying	for:				
Occupation:					
Employer:					
Have you previously served on a Cou			No	If so, which b	oard and for how long?
Past Memberships and Associations:					
Current Memberships and Association	ns:				
List any relevant qualifications and/or	related experience. A	Attach ar	ny additional	information or	a résumé, if you prefer.
What are your primary objectives for	serving on this board?	?			
References (Individual or Organization	on)			Phone:	
				701	

An interview may be required if deemed necessary. Thank you in advance for your interest.

RETURN COMPLETED APPLICATION TO:

Gallatin County Commission 311 West Main, Room 306 Bozeman, MT 59715

PHONE: 406-582-3000 FAX: 406-582-3003

OR: Complete the application on-line and save it to your computer. Then email it as an attachment to Commission@gallatin.mt.gov