YORKWOOD DISTRICT BOARD APPLICATION

Thank you for your interest in serving on the Yorkwood District Board. Please complete the following application in full. All information will remain confidential and will be used solely for the purpose of evaluating applicants for board membership.

Full Name: _____

Address: _____

City, State, ZIP: _____

Email Address: _____

Phone Number: _____

Date of Birth (MM/DD/YYYY): _____

Do you rent or own your place of residence? ☐ Rent ☐ Own

Have you ever been convicted of a felony? ☐ Yes ☐ No

(A prior conviction does not automatically disqualify you from consideration.)

If yes, please explain:

_____

_____

Why do you want to serve on the Yorkwood District Board?

_____

_____

_____

Signature: _____ Date: _____