



<i>For County use:</i>
Rcvd Date: _____
By: _____

## APPLICATION FOR APPOINTMENT TO A DUNN COUNTY BOARD

Applicant Name \_\_\_\_\_

Name of the Board applying for \_\_\_\_\_

Applicant Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Applicant Email \_\_\_\_\_

Current Occupation or Employer \_\_\_\_\_

Previous work experience that you feel is relevant to this particular board \_\_\_\_\_

Previous community service (boards, etc.) \_\_\_\_\_

Why do you wish to serve on this board? \_\_\_\_\_

Please use an additional sheet or the back of this form, to provide any other information you feel would be relevant to the Commissioners' consideration of your application. If you need further assistance please contact 701-573-4448.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Return this application to: Dunn County Auditor, 205 Owens St., Manning, ND 58642  
via email to: [Sally.Whittingham@dunncountynd.org](mailto:Sally.Whittingham@dunncountynd.org)