



**County of Dinwiddie**  
**Boards, Authorities, and Commissions**  
**Application to Serve**

<b>DATE</b>		<b>BOARD/AUTHORITY/COMMISSION NAME</b>	
<b>APPLICANT NAME</b>		<b>HOME PHONE</b>	<b>CELL PHONE</b>
<b>HOME ADDRESS</b>		<b>CITY, STATE, ZIP</b>	
<b>EMPLOYER NAME</b>		<b>OCCUPATION/TITLE</b>	<b>WORK PHONE</b>
<b>WORK ADDRESS</b>		<b>CITY, STATE, ZIP</b>	
<b>EMAIL ADDRESS</b>		<input type="checkbox"/> <b>NEW APPOINTMENT</b> <input type="checkbox"/> <b>REAPPOINTMENT</b>	
<b>DINWIDDIE RESIDENT</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>DINWIDDIE ELECTION DISTRICT (IF APPLICABLE)</b>	<b>DINWIDDIE RESIDENCE SINCE (IF APPLICABLE)</b>	
<b>EDUCATION (SCHOOLS ATTENDED, DEGREES EARNED)</b>			
<b>CIVIC, GROUP, BUSINESS MEMBERSHIPS</b>			
<b>PUBLIC, CHARITABLE ACTIVITIES</b>			
<b>REASON FOR DESIRE TO SERVE IN THIS CAPACITY</b>			
<b>APPLICANT SIGNATURE</b>			

Return completed form to:  
County of Dinwiddie, ATTN: Stephanie Wray  
PO Drawer 70, Dinwiddie, Virginia 23841  
[swray@dinwiddieva.us](mailto:swray@dinwiddieva.us)