



**APPLICATION TO SERVE ON BOARDS/COMMISSIONS**

**Please print in black ink.**

**DATE:** \_\_\_\_\_

**BOARD/COMMISSION:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**OCCUPATION/TITLE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**DO YOU RESIDE IN DINWIDDIE COUNTY?      YES \_\_\_\_\_ NO \_\_\_\_\_**

**WHICH ELECTION DISTRICT DO YOU RESIDE IN?** \_\_\_\_\_

**RESIDENT SINCE: \_\_\_\_\_ PREVIOUS RESIDENCE: \_\_\_\_\_**

**SCHOOLS ATTENDED; DEGREES:**

**APPLICATION TO SERVE ON BOARDS/COMMISSIONS – PG. 2**

**MEMBERSHIPS IN CIVIC, BUSINESS, ETC., GROUPS:**

**PUBLIC, CHARITABLE ACTIVITIES:**

**REASONS FOR WANTING TO SERVE IN THIS CAPACITY:**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

**PLEASE RETURN COMPLETED FORM TO:**

**WANDA NESTER  
COUNTY OF DINWIDDIE  
POST OFFICE DRAWER 70  
DINWIDDIE, VIRGINIA 23841  
804-469-4500 x103 Phone  
804-469-4503 Fax**