

**BOARD APPLICATION FORM
YELLOWSTONE COUNTY, MONTANA**

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS OR JOB: _____

E-MAIL ADDRESS: _____

BOARD OR COMMISSION APPLIED FOR: _____

Please describe your experience or background that you believe qualifies you for service on this Board or Commission (attach additional sheets if needed):

Why do you wish to serve on this Board or Commission?

Additional information that you feel is pertinent (attach additional sheets if needed):

Signature _____

Date _____

Return application to: Board of County Commissioners
P.O. Box 35000
Billings, MT 59107-5000

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OFFICE USE ONLY:

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APPOINTED: YES _____ NO _____ DATE _____

TERM EXPIRATION DATE: _____

(Circle one)

ORIGINAL APPOINTMENT REAPPOINTMENT TERM NO: _____

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