



Pierce County Fire District 16

Key Peninsula Fire Department

Application for Citizen Advisory Panel Member

Name: _____

Address: _____

Home Phone: _____ Phone: _____

Are you a resident of Key Peninsula? _____ How Long? _____

Are you a business owner on the Key Peninsula? _____ How Long? _____

Name of business or occupation: _____

Education: _____

Are you related to any employee or Board Member? _____

If so, Who? _____

Do you or any of your family members have a contracted financial interest with the District?
_____ If Yes, Please Explain: _____

Please list relevant professional activities or experience: _____

Please list relevant community activities or experience: _____

Do you currently serve on any boards or committees with any other organization? _____

Organization: _____ Position: _____

Organization: _____ Position: _____

Organization: _____ Position: _____

Are you involved in any other pursuit that would affect your ability to serve on the Citizen Advisory Panel? ____ If so, Please Explain: _____

Why are you interested in serving on the committee? _____

How did you find out about the vacancy? _____

Do you have any felony convictions? ____ If so, Please Explain: _____

References:

_____ Name	_____ Contact Phone Number	_____ Relationship
_____ Name	_____ Contact Phone Number	_____ Relationship
_____ Name	_____ Contact Phone Number	_____ Relationship

Please use the rest of the page to add anything you would like the District to know: _____