



Clark County Social Service
Citizen's Advisory Committee
APPLICATION



Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

Employer: _____

Occupation: _____

Availability: *Please provide the days and times you are available to serve on this committee.*

Relevant Affiliations: *Please list any committees you are currently serving on or have served on in the past, the jurisdiction in which you served, and length of term.*

1) _____

2) _____

3) _____

Skills and Experience: *Please provide a brief description of your qualifications, special skills, interests, experience, and training that would benefit the work of this committee.*

I certify that the above information is true and accurate to the best of my knowledge.

Signature _____

Date _____

Please circle your mail preference(s) for receiving correspondence:

USPS Mail

E-Mail