



Submit to midcoastcommunitycouncil@gmail.com

Candidates will be interviewed at a Council Meeting and voted on.

The Council's recommendation will be forwarded to the District 3 Supervisor, and approved by the Board Of Supervisors.

Midcoast Community Council

Application for Appointment to the Council: 2023

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Residence Address: _____
Street Address of Registered Voter Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to start: _____

Term Preference: **2 years:** _____ **4 years:** _____ **Either:** _____

Education

Please describe your educational background:

(or provide attachments)

References

Please list up to three personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Employment History

Please describe your career background:

(or provide attachments)

Community Service

Please describe any prior community service activities:

(or provide attachments)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to appointment to the Council, I understand that false or misleading information in my application or interview may result in my removal from the Council.

Signature: _____ Date: _____