

BOARD APPOINTMENT APPLICATION

County of Huntington, Indiana *An Equal Opportunity Employer*

Applicant Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Political Party Affiliation: _____

Board Appointment Seeking: _____

Qualifications for the appointment seeking: _____

Reason for interest in appointment seeking: _____

By submitting an application for a board appointment and with my signature below, I agree to serve, if appointed, to the best of my ability and attend all meetings required by the board. I further agree to appear before the appointment body, if requested, to discuss my qualifications and reasons for interest in the appointment I am seeking. I also understand that some boards have a political party affiliation requirement, and may be limited in the number of positions per political party.

Signature: _____

Date: _____