

Please return completed application to: City Clerk, City of Walla Walla 15 N. 3rd Ave. Walla Walla, WA 99362 (509) 524-4348 - phone (509) 524-7915 - fax

DECLARATION OF INTEREST

I wish to be of service to our Community and the	request your consideration for appointment to
	nmittee – submit one declaration for each)
NAME:	,
ADDRESS:	
CITY, STATE, ZIP:	
PHONE: (home)	(work)
E-MAIL:	,
EMPLOYER/OCCUPATION	
Are you a resident of the City of Walla Wa	alla?
Are you a registered voter of the County	
Length of residence in Walla Walla Coun	
	•
What community activities have you part	icipated in during the past five years?
(Use extra pages if necessary)	
Are you serving, or have you served, on a	
(If yes, list the organizations and dates of se	
Organization	Date(s) of service
Organization	Date(s) of service
Discourse idea hairfleadamana deletak	
	including job experience, education, skills,
hobbies, and special areas of interest.	

	t problems, issue mission, and how essary.)	would	you propose they be addressed? (Use extra pages if
			or experience do you have to contribute to this particular on? (Use extra pages if necessary.)
and	other activities? I	low m	aced on the time you would be available for meetings uch time are you able to devote to the duties of this sion? (Use extra pages if necessary.)
- DI	aa liat thraa raaid		4 M H M H A 4 H A
			f Walla Walla County you wish to use as personal s with information pertinent to your application:
refer Nam Addr	rences that can pro e:		
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Nam Addr Tele Nam Addr Tele Nam Addr Tele	rences that can prote: e: ess: phone: e: ess: phone: ess: phone: ssist us with our coned of this vacancy Newspaper, pleas	ommun	ication and marketing efforts, please indicate how you

The City thanks you for your interest in volunteering your time to serve the citizens of Walla Walla.