

Citizen Advisory Board (CAB) Application

Volunteer... Make a Difference in Washoe County!

Please complete the entire application. Your application will be kept on file for 12 months. You will need to reapply after that time if you still wish to be considered for a position.

Citizen	Advisory Board (CAB) applying	g for:			
	Incline Village/Crystal Bay		S Truckee Meadows/Washoe Valley		W Truckee Meadows/Verdi
	Gerlach/Empire		Sun Valley		North Valleys
	Spanish Springs		Warm Spring/Rural		E Truckee Canyon
To see v	which CAB area you reside in, pl	ease go	to the link provided: https://g	is.washo	pecounty.us/wrms/quick/cab
Name:					
		Re	sidential Home Address		
Address	s:				
City:		St	ate:	Zip:	
Assesso	r's Parcel Number, if known:				
Home F			Cell Phone:		
E-mail:			·		
Address		ess (if	different from residential	home a	nddress)
City:		State	2:	Zip:	
		Occup	ation and Business Addres	ss	
Job Title	e:				
Busines	ss Name:				
Address	s (Street and/or P.O. Box):				
City:		State	2:	Zip:	
Assesso	or's Parcel Number, if known:				
Busines	ss Phone:				
E-mail:					
Are you	u registered to vote in Washo				Yes No
			quires that a person be a regi		
			sidered for membership on a		•
	This requirement may be wa	ived on	a case-by-case basis by the C	ounty C	Lommission.
		- /:-	- to a - 1 - 2		
	ng have you lived in your area		-		
How lo	ng have vou lived in Washoe C	ountv?	(Years/Months)		



Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? Yes	☐ No
If yes, please list conviction dates and nature:	NO
Briefly, in your own words, explain why you would like to be appointed to the Board:	
Describe your qualifications for this appointment; including, but not limited to, your educations professional background, and awards/honors:	al or
professional sackground, and awards/ nonors.	
List your community and/or civic involvement history:	
List your community and/or civic involvement history:	
List your community and/or civic involvement history:	
List your community and/or civic involvement history:	
List your community and/or civic involvement history:	
List your community and/or civic involvement history:	



List the name and phone number of any personal referen	nces that we may contact:							
Please attach any additional applicable information								
I understand the role and responsibilities of membership on this board or commission and am willing to serve. If appointed, I will attend required meetings and training and will adhere to pertinent bylaws. I understand that some appointments require a Financial Disclosure Form to be submitted to the Nevada State Ethics Commission. I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal. If appointed to a Citizen Advisory Board (CAB), I agree to attend a CAB new member orientation session and open meeting law training within six months of my appointment. I understand that failure to comply with this requirement will result in automatic removal from the Citizen Advisory Board.								
Signature:	Date:							
PLEASE RETURN THE COMPLETED APPLICATION TO:								
PLEASE RETURN THE CONTRELED AT LICATION TO.	1							
Washoe County Manager's Office	1							
Commissioner Support								
1001 E. Ninth Street, Suite A201 Reno, NV 89512								
III DAMA KIM VOLTI								
Relio, NV 89512								
Phone: 775.328.2003 FAX: (775) 328-2491	Email: cab@washoecounty.gov							
	Email: cab@washoecounty.gov Appointed to:							
Phone: 775.328.2003 FAX: (775) 328-2491								

Once submitted, your document will be part of the public record and available for public review.