WALLA WALLA BASIN
WATERSHED COUNCIL

BOARD OF DIRECTORS APPLICATION

NAME: _____

ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

1) PLEASE LIST AREAS OF INTEREST:

2) DESCRIBE YOUR BACKGROUND, TRAINING OR EXPERIENCE RELATED TO YOUR PRIMARY AREA OF INTEREST:

3) WHY ARE YOU INTERESTED IN SERVING ON THE COUNCIL?

4) ARE YOU WILLING TO WORK IN A GROUP THAT USES A CONSENSUS BASED DECISION MAKING PROCESS?

PLEASE RETURN THIS APPLICATION TO:
Walla Walla Basin Watershed Council
810 S Main St.
Milton-Freewater, OR 97862