



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 ABLE 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

810 S. Main St. Milton-Freewater, OR 97862, 541-938-2170
www.wwbwc.org