



APPLICATION FOR APPOINTMENT TO THE MWCD BOARD OF APPRAISERS

**PLEASE SUBMIT COMPLETED APPLICATION
(ALONG WITH OPTIONAL RESUME AND LETTER OF INTEREST) TO:
MUSKINGUM WATERSHED CONSERVANCY DISTRICT
1319 Third Street NW
New Philadelphia, OH 44663
Phone (330) 343-6647 • Fax (330) 364-4161
Office Hours: 8:00 a.m. to 5:00 p.m., Monday through Friday**

All applicants are considered without regard to race, color, national origin, religion, gender, age, disability, marital or veteran status.

– PLEASE PRINT –

Date of Application:		
Last Name	First Name	Middle Name
Mailing Address		City, State, Zip Code

Best way to contact you is (please list phone numbers and/or email address)	
Home phone number: _____	
Cell phone number: _____	Email: _____
Have you ever been employed by the MWCD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date(s): _____	
Are any of your friends or relatives employed by the MWCD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state name, relationship and position: _____	
Do you or any immediate members of your family have any interest in, or are you a party to any written agreement, contract, lease or permit with the Muskingum Watershed Conservancy District (including any cottage site lease, boat docking permit, or seasonal camping permit)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the nature, scope and date of any such agreement, contract, lease or permit: _____	

EDUCATIONAL BACKGROUND

Level	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

OTHER MEMBERSHIPS Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service

EXPERIENCE Please list prior experience serving as a Board member for other organizations.

OPTIONAL Have you received any awards or honors that you would like to mention?

SKILLS, EXPERIENCE AND INTERESTS (Please check all that apply)

<input type="checkbox"/>	Finance, accounting	<input type="checkbox"/>	Personnel, human resources	<input type="checkbox"/>	Administration, management
<input type="checkbox"/>	Nonprofit experience	<input type="checkbox"/>	Community service	<input type="checkbox"/>	Policy development
<input type="checkbox"/>	Program evaluation	<input type="checkbox"/>	Public relations, communications	<input type="checkbox"/>	Education, instruction
<input type="checkbox"/>	Special events	<input type="checkbox"/>	Grant writing	<input type="checkbox"/>	Outreach, advocacy
<input type="checkbox"/>	Other (please specify)				
<input type="checkbox"/>	Other (please specify)				
<input type="checkbox"/>	Other (please specify)				

PROFESSIONAL/PERSONAL REFERENCES (work-related references preferred)

Name	Phone Number (home/work)	Length of time known	Occupation
1			
2			
3			

WORK HISTORY

Employer	Work Performed:
Address	
Phone Number(s)	
Job Title:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Dates of employment:	

Employer	Work Performed:
Address	
Phone Number(s)	
Job Title:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Dates of employment:	

WORK HISTORY continued

Employer	Work Performed:
Address	
Phone Number(s)	
Job Title:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Dates of employment:	

Why are you interested in serving as a member of the MWCD Board of Appraisers?

What do you believe are two or three significant issues or problems facing the MWCD?

What are the strengths that you would bring to the MWCD as a member of the Board of Appraisers?

By signing my full legal name here, I verify that my answers to the above are accurate and true. I agree to the above authorizations and I acknowledge my understanding of each section I have read/responded to.

Signature:

Date: