



COUNTY OF YORK, VIRGINIA

BOARD BANK APPLICATION

OFFICE USE ONLY:

Date Received: _____

Letter Sent: _____

Currently Serving On : _____

NAME:

(Last) (First) (Middle Initial) (Mr., Mrs., Miss, Rank)

HOME ADDRESS:

(Email Address)

TELEPHONE NUMBERS:

(Home) (Business) (FAX)

PROFESSION/VOCATION/
CURRENT EMPLOYER:

BOARDS/COMMISSIONS ON WHICH YOU WISH TO SERVE:

(List no more than 3 -- in order of preference:)

OTHER INTERESTS:

EDUCATION:

JOB EXPERIENCE:

CIVIC OR SERVICE ORGANIZATION EXPERIENCE:

ARE YOU CURRENTLY A MEMBER OF A YORK COUNTY BOARD OR COMMISSION?

IF YES, PLEASE NAME:

HAVE YOU PREVIOUSLY SERVED AS A MEMBER OF A YORK COUNTY BOARD OR COMMISSION?

IF YES, PLEASE NAME:

ARE YOU A REGISTERED VOTER?

DISTRICT NUMBER:

OTHER INTERESTS (Continued):

JOB EXPERIENCE (Continued):

CIVIC OR SERVICE ORGANIZATION EXPERIENCE (Continued):

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