

**BOARD APPLICATION FORM  
YELLOWSTONE COUNTY, MONTANA**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS OR JOB: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BOARD OR COMMISSION APPLIED FOR: \_\_\_\_\_

Please describe your experience or background that you believe qualifies you for service on this Board or Commission (attach additional sheets if needed):

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Why do you wish to serve on this Board or Commission?

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Additional information that you feel is pertinent (attach additional sheets if needed):

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Signature

Date

Return application to: Board of County Commissioners  
P.O. Box 35000  
Billings, MT 59107-5000

OFFICE USE ONLY:

APPOINTED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

TERM EXPIRATION DATE: \_\_\_\_\_

(Circle one)

ORIGINAL APPOINTMENT REAPPOINTMENT TERM NO: \_\_\_\_\_