



PIERCE COUNTY FIRE DISTRICT #16

KEY PENINSULA FIRE DEPARTMENT

Application for Citizen Advisory Panel Member

Name: _____

Address: _____

Phone: _____ Email: _____

Are you a resident or do you own property on the Key Peninsula? ☐yes ☐no If yes, how long: _____

Are you a business owner on the Key Peninsula? ☐yes ☐no If yes, how long: _____

Name of business: _____

What is your educational background? _____

Are you related to any employee or Board Member of the District? ☐yes ☐no

If yes, to whom: _____

Do you or any of your family members have a contracted financial interest with the District? ☐yes ☐no

If yes, please elaborate: _____

Please list relevant professional and community activities or experience: _____

Do you currently serve on any boards or committees with any other organization? ☐yes ☐no

Why are you interested in serving on the Citizens Advisory Panel? _____

Please list at least two references that we may contact:

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Is there anything else you would like the District to know as it considers you for the Citizens Advisory Panel?

