



Vancouver Lake Watershed Partnership Application

Name _____

Telephone (Day) _____ Telephone (Evening) _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____

Occupation (or Student Status) _____

Employer (School, if student) _____

Work Address _____

Work Telephone _____

Please list community groups and organizations with which you are affiliated as a volunteer or professional:

Members of the Vancouver Lake Partnership must be willing to dedicate time to Partnership efforts including preparations and attendance at full Partnership meetings, which are typically held from 4-6 p.m., on the third Wednesday of each quarter, at the Port of Vancouver. Are you able to commit time to this effort?

Yes No

How did you learn about the Vancouver Lake Watershed Partnership? _____

Please describe Vancouver Lake Watershed issues of concern and/or importance to you:

Are you a regular visitor of Vancouver Lake and/or its surrounding lowlands?

Yes No If yes, please describe your reasons for visiting: _____

Why do you wish to be a member of the Vancouver Lake Partnership? What can you contribute to the process? Please also share any information relating to your interest and experience, relevant to the Partnership's efforts.

Are there any potential direct or indirect conflicts of interest, e.g., commercial or financial, between you, your family, your employment and/or your affiliate organization, if applicable, and the Vancouver Lake Partnership?

Yes No If yes, please explain: _____

Have you ever served on a public commission or citizen's advisory committee?

Yes No If yes, please list: _____

VOLUNTARY INFORMATION: The Vancouver Lake Partnership seeks a broad representation of backgrounds and interests. Information you may choose to volunteer in this section, which will remain confidential, is intended to assist in achieving that goal:

Race: Native American Indian/Native Alaskan African American Hispanic/Latino
 Asian/Pacific Islander Caucasian Other (specify) _____

Gender: Male Female

Age: 18-30 31-40 41-50 51-64 65+

Disability: Yes No If yes, please list disability: _____

The statements in this application are true and complete to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Please return this application to:

- Vancouver Lake Watershed Partnership; Attn Loretta Callahan, Public Works; City of Vancouver; P.O. Box 1995; Vancouver, WA 98668-1995.

Deadline for submitting applications: April 27, 2012. Questions? Please call 360-487-8255.