



580 Main Street, Suite A
Dallas, OR 97338
Tel: 503-623-9680
www.polkswcd.eo

Associate Director Member Application (Volunteer Position)

Position is a two year appointment. Associate Directors serve until January 1 in odd numbered years. To be considered for this position, individuals must attend at least three District meetings in a twelve month period prior to submitting letter of intent and application. Individual must appear before the Board of Directors at a regular meeting to introduce themselves and allow questions or clarification from the Directors. After letter of intent and application is submitted Board will decide at the next Board Meeting. Individual will be notified in writing of the Boards decision.

Applicant Legal Name: _____ Nickname: _____

Address: _____

Telephone/Cell: A.M. _____ P.M. _____

Email Address: _____

1. Are you a register voter in Polk County? ☐ YES ☐ NO

2. Have you ever been convicted of a felony or misdemeanor? ☐ YES ☐ NO

If yes, Describe: (no need to report on traffic violations)

3. Do you own or manage 10 acres of land in Polk County? ☐ YES ☐ NO

If yes, list location: _____

Describe operation: _____

4. Do you have a conservation plan (NRCS or District) approved by the Polk SWCD board? ☐ YES ☐ NO

5. Will you have time to attend monthly Board Meetings? ☐ YES ☐ NO

6. Will you have time to attend Committee Meetings? ☐ YES ☐ NO

7. Will you have time to attend Work Session and Special Meetings? ☐ YES ☐ NO

8. What special skills or experience do you have that would assist the District to meet its goals/mission? Describe: _____

9. Please write a brief narrative describing why you would like to serve the Polk Soil and Water Conservation District as an Associate Director. (Please feel free to attach a cover letter, resume, or other helpful information.)

Education Background Graduated High School ☐ GED ☐

College: _____ Degree: _____

Previous Volunteer/Committee Experience

Have you ever been SWCD Associate Director before? ☐ YES ☐ NO

If yes, list where and for how long: _____

List Volunteer Services; include location, duties, and duration:

Authorization Waiver

I have completed the above questions and to the best of my knowledge, what has been stated is true. If appointed, I agree to serve without reimbursement of any kind. I understand I may be subject to a criminal records check. I further understand that irrespective of any criminal records check, the Polk Soil and Water Conservation District may decline my volunteer application or volunteer services at any time.

Applicant's Signature

Date

Please return completed application to: District Manager
Polk Soil and Water Conservation District
580 Main Street, Suite A
Dallas, OR 97338
(503) 623-9680

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Date Received: _____

Registered Voter: ☐ Yes ☐ No

Appointed: ☐ Yes ☐ No

Date Appointed: _____