



City of Tenino Planning Commission Vacancy Application

149 Hodgden St. S
PO Box 4019
Tenino, WA 98589
(360) 264-2368
Fax (360) 264-5772

Name as registered: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Years as Tenino Resident: _____ Preferred form of contact: _____

What experience do you have working with boards, commissions, work groups:

Why would you like to serve on the Tenino Planning Commission:

What is one issue you see in Tenino or with its planning:

Please list your work experience:

List any volunteer or elected experience:

Please attach your resume to this application.

Please list three (3) references:

Name: _____ Contact number: _____

Email: _____

Address: _____

Name: _____ Contact number: _____

Email: _____

Address: _____

Name: _____ Contact number: _____

Email: _____

Address: _____

Committee members make recommendations and decisions that affect the entire community.

- 1.) Do you foresee possible conflicts of interest with any of your current employment or civic positions?
 Yes (Please explain on back) No 2.)
- 2.) When making recommendations and decisions do you feel you could be impartial and base your decision on the overall need and benefit of the Community?
 Yes No (Please explain on back)
- 3.) Meetings are currently the second Wednesday of every month at 6pm. Do you have any conflicts that would prevent you from attending meetings?
 Yes (Please explain on back) N

Signature: _____

Date: _____

Please return completed form and any additional information to:
City of Tenino – Attn: City Clerk, 149 Hodgden St South, P.O. Box 4019, Tenino, WA 98589
For more information please call (360) 264-236