

TOWN OF COUPEVILLE

4 NE Seventh
PO Box 725
Coupeville WA 98239
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NANCY CONARD Mayor

MALCOLM BISHOP Public Works Director

LARRY KWARSICK Town Planner

DAVID PENROD Town Marshal

JUDY THOMAS Clerk-Treasurer

VOLUNTEER APPLICATION

Position _____

Name: Last _____ First _____ Middle _____

Street Address _____ Phone _____

Mailing Address (if different) _____

City _____ State _____ Zip _____ email address _____

Are you a registered voter in Island County? Yes No

BACKGROUND:

Education _____

Occupation (s): _____

Other Volunteer Positions: _____

Hobbies: _____

Other applicable experience: _____

SKILLS:

List Applicable Skills _____

DESIRE:

Briefly describe why you are interested in volunteering: (continue on back page if needed)

Signature: _____ Date: _____