Canyon County Board of Community Guardians Volunteer Board Member Application

The information provided in this application is exclusively for the use by the Canyon County Board of Commissioners to determine eligibility for Board Members. All information is kept confidential as provided by law.

1. Personal Data		
st Name Midd	le Name	Date of Birth
City	State	Zip Code
Work	Phone	
Email		
	Dates employed	
	City/State	
	Dates employed	
	City/State	
	City	City State Work Phone Email Dates employed City/State Dates employed

3. Interest

• •	ested in becoming a board member. Please include education, ski ay attach additional sheets, if needed).
Do you have any experience working	g with vulnerable individuals? If yes, please explain.
In signing below, I verify the informa	ation provided to be true and accurate.
Signature	Date
AUTHORIZATION FOR CRIMINAL	L HISTORY AND BACKGROUND, REFERENCE AND CREDIT CHECKS
story and verify all data given on my ap ounty to perform a credit check as requ	proughly investigate my work history, my criminal and background pplication, on related papers and in interviews. I authorize Canyon uired for the position I am applying for. I authorize all schools and firm information requested about me, and I release them and Canyon
	providing this information. Additionally, I authorize Canyon County to
ke my fingerprints.	
ke my fingerprints.	
ke my fingerprints.	

Please return the completed application to:

County Coordinator
Canyon County Board of Community Guardians
1115 Albany St
Box 11
Caldwell, ID 83605
Community.Guardians@canyoncounty.id.gov
(208) 454-6888 - Fax