



COUNTY OF WASHINGTON, VIRGINIA



1 GOVERNMENT CENTER PLACE, SUITE A, ABINGDON, VIRGINIA 24210
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WWW.WASHCOVA.COM

APPLICATION FOR APPOINTMENT TO BOARD OF SUPERVISORS

Name: _____

Home Address: _____

(Applicant MUST reside in the Monroe District)

Years in Residence in Washington County, Virginia: _____

Phone Number: _____

Email Address: _____

Registered Voter (Y/N): _____

Employer: _____

Employer Address: _____

Name of School/College/University: Major/Course of Study: Completed Diploma or Degree:

Current/Previous Employers: Title: Years:

Civic Participation, Interests, & Activities:

Reasons for Seeking Appointment to the Board of Supervisors:

Please feel free to attach additional information.

Signature: _____ Date: _____