



City of Mount Vernon

Arts Commission Member Application

(360) 336-6215 or mvparks@mountvernonwa.gov

Meetings currently held 3rd Tuesday of each month at 4:30pm

Name: _____ Date: _____

Home Address: _____ City/State/Zip: _____

*Must be within City of Mount Vernon/Mount Vernon School District Boundaries

Mailing Address (if different) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Education/Volunteer Experience: _____

What is your connection with the arts and how have you participated in the arts community?

What skills, knowledge and approach would you bring to the Mount Vernon Arts Commission?

Specify your main area of interest in the arts: Visual Arts Performing Arts Literary Arts

How would your involvement in the Arts Commission help to elevate the arts in our community?

Name: _____ Phone: _____ Relationship: _____

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The undersigned volunteer, or his or her legal guardian, understands the nature and content of their duties, and in consideration of being permitted to participate in the volunteer program, agree as follows:

1. To waive and release any and all claims for injuries or damages against the City of Mount Vernon, it's officers, agents or employees which may arise out of, or in any way connected with the manner in which the program is conducted or my participation in the program, and
2. To defend, indemnify, and hold harmless the City of Mount Vernon, it's officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death, and property damage, which may arise out of or in any way be connected with the manner in which the program is conducted or my participation in the program.

I authorize the City of Mount Vernon, it's agents at the time of my application for volunteer, or anytime during my service, to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Signature: _____ Date: _____

*Email the **New Member Application** with your **Letter of Interest** to mvmayor@mountvernonwa.gov, fax to (360) 336-0623, drop off at 910 Cleveland Avenue, or mail to the address below:

City of Mount Vernon
Attn: Mayor Jill Boudreau
910 Cleveland Avenue
Mount Vernon, WA 98273

Thank you for applying! Please call (360) 336-6215 with any questions.