



City of Mount Vernon Planning Commission Member Application

(360) 336-6214 or ds@mountvernonwa.gov

New Member Contact Information

Name: _____ Date: _____

Home Address: _____ City/State/Zip: _____

*Must be within City Limits of Mount Vernon

Mailing Address (if different) _____

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

E-mail Address: _____

Employer: _____ Occupation: _____

Education/Volunteer Experience: _____

New Member Background Information (attach additional sheets if necessary)

Do you have a connection with land use or community planning?

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

Specify your main area of interest (if any, feel free to select more than one):

- Long-Range Planning: why? _____
- Residential/Urban Planning: why? _____
- Commercial/Industrial Planning: why? _____
- Downtown Planning: why? _____

How would your involvement in the Planning Commission help to promote the goals, policies and objectives set for in the City's adopted Comprehensive Plan?

References not Related to Applicant

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Any Other Relevant Information

Community Service Agreement

The undersigned volunteer 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 duties are conducted; and,
2. To defend, indemnify, and hold harmless the City of Mount Vernon, its 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 duties of a planning commissioner are carried out.

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 your **New Member Application** along with your **Letter of Interest** to mvmayor@mountvernonwa.gov or drop off/mail your information to the address below:

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

Please call (360) 336-6214 with any questions.