

**CROOK COUNTY GOVERNMENT  
APPLICATION FOR BOARD APPOINTMENT**

(Please Type or Print)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

MAILING ADDRESS: \_\_\_\_\_  
Include City, State and Zip

PHYSICAL ADDRESS (if different from above): \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COUNTY RESIDENT SINCE: \_\_\_\_\_

HAVE YOU SERVED ON THIS BOARD BEFORE AND, IF YES, HOW MANY YEARS: \_\_\_\_\_

Please check which board you are applying for:

- |  |   |
|--|---|
| <input type="checkbox"/> Land Use Planning & Zoning Commission-3 Year Term (term commences July 1)                           | <input type="checkbox"/> Library Board- 3 Year Term (per W.S. 18-7-103(b) there is a 2 year <b>consecutive</b> term limit) (term commences July 1)                                  |
| <input type="checkbox"/> 6 <sup>th</sup> Judicial District Child Support Authority Board-3 Year Term (term commences July 1) | <input type="checkbox"/> Fair Board-5 Year Term (term commences the 1 <sup>st</sup> Monday in January)  |
|  | <input type="checkbox"/> Northeast Wyoming Economic Development Coalition-3 Year Term Representing: <b>Business, County or Municipal</b> (please circle one)(term commences July 1) |

**EXPERIENCE/QUALIFICATIONS FOR SERVING ON THE BOARD**

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**SPECIAL INTERESTS/CIVIC GROUPS/VOLUNTEER ACTIVITIES**

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**BOARD MEMBER REQUIREMENTS AS ESTABLISHED BY THE CROOK COUNTY COMMISSIONERS**

1. Attend and participate in a minimum of 9 monthly meeting in any 12 month period.
2. Follow and obey the constitution and by-laws that govern the board you are appointed.
3. A vacancy will exist at the end of your term. A new application must be submitted for reappointments and new appointments.
4. Serve in such a way as to represent all of the residents of Crook County.
5. Upon receipt of a letter from a board that a member has missed 3 consecutive meetings in any 12 month period, the Crook County Commissioners will declare a vacancy and advertise for a new board member.
6. I understand that I may also be removed for any criminal charge or for cause by the Board of County Commissioners.
7. I authorize the Board of County Commissioners to do a background search and Criminal History before or after I am appointed.
8. The Board of County Commissioners will require all Board members to take board training each year (or the approved equivalent) and report their training back to the County Commissioners when the training has been completed. The proof of training will also be noted in each Boards' monthly minutes.

**I have read and understand the requirements to be a board member/director. I understand this application will be active for a period of one year in case a vacancy occurs during yearly advertising. After that time period and I wish to be considered for an appointment, I must submit a new application.**

**I do hereby certify, swear or affirm under penalty of perjury, that the information included herein is correct and just in all respects.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**MAIL OR DELIVER COMPLETED APPLICATION TO:  
CROOK COUNTY COMMISSIONERS  
PO BOX 37  
SUNDANCE, WY 82729  
Phone: 307-283-1323  
Fax: 307-283-3038  
Email: lindaf@crookcounty.wy.gov**