

Congressman Dave Reichert

Representing Washington's Sth Congressional District

YOUTH ADVISORY BOARD APPLICATION

			Callul	uale	Intormation					
Full Name:								Date:		
	Last		First			М.	I.			
Address:	Address: Street Address			Apartme				t/Unit #		
	Street Address					Αμ	arunen	voint #		
	City					Sta	ate	ZIP	Code	
Phone:	()	Days/Times	E-mail Address:							
Date Available: Unavailable:										
Position App	olied for:									
Are you a cit	tizen of the United St	ates?		00	If no, are you at	uthorized to v	work ir	n the U.S.?	YES	NO
Have you ever worked/volunteered for this YES NO					If yes, when?				_	_
YE.			YES N	10	ii yes, wileii?					
Have you ev	er been convicted of	a felony?								
If yes, explai	in:									
				Edu	cation					
High School:	:		Add	ress:	:					
From:	To:	Did	∕ou gradu		YES NO	Degree:				
i ioiii.	10.	Dia y	ou gradu	acc:		Degree.				
Clubs/										
Affiliations:				/isor:						
				Refe	erences					
Please list ti	three professional re	eferences.								
Full Name:					Relationship:					
Company:						Phone:	()		
Address:										
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Full Name:					Relationship:					
Company:						Phone:	()		
Address:										
Full Name:					Relationship:					
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Company:						Phone:	()		
Address:										

Disclaimer and Signature

I certify that my answers are true and complete to the best o	of my knowledge.
If this application leads to Board Membership, I understand interview may result in my release.	that false or misleading information in my application or
Signature:	Date: