



Baker County Recreation Advisory Board

Name: _____

Residence Address: _____

Phone: _____ Email: _____

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1. Briefly describe why you wish to serve on this advisory board.
 2. Describe your qualifications and/or skills which would benefit this advisory board.
 3. Describe your involvement in the Baker County Community.
 4. Please state your current occupation.
 5. List your educational and professional background and area of study.
 6. Appointment to this board will require your attendance at evening meetings. How many hours per month are you willing to commit as a volunteer?
 7. If you are not appointed to this board at this time:
Do you wish to be considered for future appointment to this board? Yes_____ No_____
Would you be willing to volunteer for other County activities? Yes_____ No_____

Applications can be submitted in person at the County Administration Office or by email to kennie.downing@bakercountyfl.org