



Leadership Mason County Application

NAME _____ JOB TITLE _____

EMAIL ADDRESS _____ CELL # _____

HOME ADDRESS _____ CITY _____ ZIP _____

LIST HEALTH OR FOOD ALLERGIES WE SHOULD BE AWARE OF: _____

EMPLOYER OR SPONSOR'S NAME _____ SUPERVISOR _____

BUSINESS ADDRESS _____ CITY _____ ZIP _____

BRIEF BIO (Family, Community Involvement/Volunteer Activity, Etc.)

WHAT DO YOU BELIEVE ARE THE THREE MOST PRESSING ISSUES FACING MASON COUNTY AND WHAT SHOULD BE DONE TO ADDRESS THEM?

1) _____

2) _____

3) _____

HAVE YOU CONSIDERED SERVING AS AN ELECTED OFFICIAL IN MASON COUNTY	YES	NO
WOULD YOUR CONSIDER SERVING ON A COMMUNITY BOARD OR COMMITTEE	YES	NO

APPLICANT _____ DATE _____