

**BURLEIGH COUNTY  
AUXILIARY BOARD  
APPLICATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Board or Commission on which you prefer to serve:

List below the skills or qualifications you could bring to this Board or Commission:

If you have any special interest or reason for serving on this Board or Commission, please explain below.

Principal Occupation/Source of Income (check one)

- |                                     |                                    |   |   |
|-------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Farmer     | <input type="checkbox"/> Military  | <input type="checkbox"/> Investor/Retired | <input type="checkbox"/> Clerical & Sales |
| <input type="checkbox"/> Laborer    | <input type="checkbox"/> Craftsman | <input type="checkbox"/> Business Owner   | <input type="checkbox"/> Professional     |
| <input type="checkbox"/> Government | <input type="checkbox"/> Student   | <input type="checkbox"/> Other            |   |

List the name of each business or trust that is NOT the principal source of income, in which you have a financial interest:

List below the associations or institutions with which you are closely associated, or serve as a director or officer:

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

Please return application to: Burleigh County Auditor/Treasurer - PO Box 5518 - Bismarck ND 58506

OFFICE USE ONLY

Date Appointed by Commission \_\_\_\_\_

Term Start Date \_\_\_\_\_

Term End Date \_\_\_\_\_

Oath Returned \_\_\_\_\_