



County of Dinwiddie
Boards, Authorities, and Commissions
Application to Serve

DATE		BOARD/AUTHORITY/COMMISSION NAME	
APPLICANT NAME		HOME PHONE	CELL PHONE
HOME ADDRESS		CITY, STATE, ZIP	
EMPLOYER NAME		OCCUPATION/TITLE	WORK PHONE
WORK ADDRESS		CITY, STATE, ZIP	
EMAIL ADDRESS		<input type="checkbox"/> NEW APPOINTMENT <input type="checkbox"/> REAPPOINTMENT	
DINWIDDIE RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DINWIDDIE ELECTION DISTRICT (IF APPLICABLE)	DINWIDDIE RESIDENCE SINCE (IF APPLICABLE)	
EDUCATION (SCHOOLS ATTENDED, DEGREES EARNED)			
CIVIC, GROUP, BUSINESS MEMBERSHIPS			
PUBLIC, CHARITABLE ACTIVITIES			
REASON FOR DESIRE TO SERVE IN THIS CAPACITY			
APPLICANT SIGNATURE			

Return completed form to:
County of Dinwiddie, ATTN: Administration
PO Drawer 70, Dinwiddie, Virginia 23841
administration@dinwiddieva.us