



Western Lane Ambulance District Budget Committee Application

Name: _____ Date: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

Email: _____

Please answer yes (Y) or no (N):

1. Are you a registered voter residing within the Western Lane Ambulance District? _____
2. Are you able to attend daytime meetings as necessary? _____
3. Are you able to attend evening meetings as necessary? _____
4. Are you aware that committee members may have to devote up to 20 hours that include reviewing the budget and meeting on to three times between April and June each year? _____
5. Do you, or any family members, have any business dealings with the Western Lane Ambulance District? _____
6. Can you foresee any potential conflicts of interest that would prevent you from making impartial decisions? If so, please explain: _____

Please provide brief answers to the following:

7. How many years have you lived in the Western Lane Ambulance District? _____
8. What is your occupation? _____
9. What experience have you had related to budgeting?

10. Please list any city, county, or state committees you are on:

11. What other qualifications do you possess that would benefit the committee?

12. Please explain why you want to be appointed to the committee:

Signature _____ Date _____