



# Gallatin County Elections Department

## APPLICATION FOR ELECTED BOARD APPOINTMENT

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

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

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone:(home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Are you a resident of Gallatin County? Yes  No  (if yes) Length of residency: \_\_\_\_\_

Elected Board you are applying for: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you previously served on a County or City Board? Yes  No  If so, which board and for how long?

\_\_\_\_\_  
Past Memberships and Associations: \_\_\_\_\_  
\_\_\_\_\_

Current Memberships and Associations \_\_\_\_\_  
\_\_\_\_\_

List any relevant qualifications and/or experiences. Attach any additional information or resume, if you prefer.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your primary objectives for serving on this board?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References (Individual or Organization)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

*An interview may be required if deemed necessary. Thank you in advance for your interest.*

**RETURN COMPLETED APPLICATION TO:**

Gallatin County Elections Department  
311 West Main Street, Room 210  
Bozeman, MT 59715

**OR SUBMIT ELECTRONICALLY:** Complete your application on-line and save it to your computer. Then email it as an attachment to [Gallatin.Elections@gallatin.mt.gov](mailto:Gallatin.Elections@gallatin.mt.gov)

PHONE: (406) 582-3060 FAX: (406) 582-3196