



SOUTH WASHINGTON WATERSHED DISTRICT

Community Advisory Committee Application Form

Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

Occupation:

Membership Category:

- | | |
|--|---|
| ☐ Washington Conservation District | ☐ Washington County |
| ☐ City/Township Official | ☐ Sporting Organization |
| ☐ Agriculture | ☐ Resident |
| ☐ Other: | |

Qualifications:

Describe any professional or volunteer experience relevant to SWWD's mission and goals.

Civic & Community Activities:

Describe any experience you have advising government bodies or participating in community groups, neighborhood associations, nonprofit organizations, cooperative societies, clubs, or any other group.



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Motivation:

Describe why you are interested in serving on the SWWD Community Advisory Committee.

Availability:

The CAC meets quarterly. Can you attend regular meetings and take an active role working with the SWWD Board of Managers?

Other Comments:**Signed:****Date:**

Please submit applications via email to Abby Tekiela, SWWD Water Resources Program Coordinator at Abby.Tekiela@swwdmn.gov