Willow Creek Watershed Board of Trustees

Self‐ Nomination Form

Do you meet the qualifications for being a Willow Creek Watershed Trustee? **Yes\_\_\_ No\_\_\_**

Are you a resident taxpaying citizen for 2 years in the Willow Creek Watershed? **Yes\_\_\_ No\_\_\_**

Do you understand the roles and responsibilities of a SWCD Board Member? **Yes\_\_\_ No\_\_\_**

Can you devote the time, resources, and energy required for a Willow Creek Watershed Trustee? **Yes\_\_\_ No\_\_\_**

Are you willing to attend meetings regularly for the duration of your term? **Yes\_\_\_ No\_\_\_**

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date