



Town of La Conner
Planning Commission Member Application
(360) 466-3125 or planner@townoflaconner.org

Contact Information

Name: _____ Date: _____

Home Address: _____ City/State/Zip: _____

*Must be within Town Limits of La Conner

Mailing Address (if different) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Education/Volunteer Experience: _____

Background Information (attach additional sheets if necessary)

Do you have a connection with land use or community planning?

What skills, knowledge and approach would you bring to the La Conner Planning Commission?

Specify your main area of interest (if any, feel free to select more than one):

☐ Long-Range Planning: why? _____

☐ Residential/Urban Planning: why? _____

☐ Commercial/Industrial Planning: why? _____

☐ Downtown Planning: why? _____

How would your involvement in the Planning Commission help to promote the goals, policies and objectives set forth in the Town's adopted Comprehensive Plan?

References not Related to Applicant

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Any Other Relevant Information

Community Service Agreement

The undersigned volunteer understands the nature and content of their duties, and in consideration of being permitted to participate in the volunteer program, agrees as follows:

1. To waive and release any and all claims for injuries or damages against the Town of La Conner, its officers, agents or employees which may arise out of, or in any way be connected with the manner in which the duties are conducted; and,
2. To defend, indemnify, and hold harmless the Town of La Conner, its officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death and property damage, which may arise out of or in any way be connected with the manner in which the duties of a planning commissioner are carried out.

I authorize the Town of La Conner, its agents at the time of my application for volunteer, or anytime during my service, to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Signature: _____ Date: _____

*Email your **New Member Application** along with your **Letter of Interest** to planner@townoflaconner.org or drop off/mail your information to the address below:

Town of La Conner Planning Dept.
P.O. Box 400
La Conner, WA 98257

Please call (360) 466-3125 with any questions.