



## 2020 BOARD APPLICATION FORM

NAME: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DIVISION: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

BOARD POSITION INTERESTED IN: \_\_\_\_\_

### Members-at-Large

**SUPERVISOR'S APPROVAL:** Your signature indicates your approval of the applicant's full participation as a member of the ECAP Board.

Supervisor's Signature: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return completed, signed application to [ECAP@tucsonaz.gov](mailto:ECAP@tucsonaz.gov)

Once the application is received, it will be reviewed by the current Board Members for acceptance. Applicants will be notified of their acceptance by email.

Thank you for your interest.