

Douglas County Sheriff's Advisory Council

Application To Become A Trustee (Mail to DCSAC P.O Box)

Date _____

Name _____

Address _____

Phone - Mobile _____ Home _____

Email _____

Married - Yes _____ No _____ Employed - Yes _____ N _____ Retired - Yes _____ No _____

Current or Previous Employer _____ How Long _____

Employer Address _____

Last Position _____

Years Living In Douglas County _____ Previous Location _____

Have You Read The Bylaws On The DCSAC Website? - Yes _____ No _____

Are You Aware Of The Expectations Of Becoming A DCSAC Trustee? - Yes _____ No _____

Why Do You Want To Become A DCSAC Trustee _____

(Use Back Of Page If Necessary)

Do Not Write Below This Line _____

DCSAC Sponsor _____ Notes _____

March 2, 2024