



**Converse County Fair**  
**Board of Directors**  
**Board Member Application**

The Fair Board serves at the pleasure of the Converse County Commissioners, and is advisory to them. Every member of the Fair Board is volunteer. The purpose of the Fair Board is to ensure the successful promotion, production, and execution of Fair each year. The Fair Board shall ensure Fair programming is of high quality and that programming improves annually as needed.

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

(\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**EDUCATION/ TRAINING:**

Name and Address of School - Degree/Diploma - Graduation Date

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

Skills and Qualifications: Licenses, Skills, Training, Awards

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

**WORK EXPERIENCE:**

Present Or Last Position:

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

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**Previous Position:**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Name/Title Address Phone

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

**PERSONAL INFORMATION:**

Tell us a bit about why you are interested in being on the Fair Board:

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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What areas of expertise, skills or strengths might you have to help the Board and the Fair?

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What do you feel the Fair brings to our community, citizens and youth?

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Please feel free to include your resume or additional information.

Have you been convicted of or pleaded no contest to a felony within the last five years? If yes, full details will be requested at a later date.

Yes\_\_\_\_\_ No\_\_\_\_\_

I hereby certify that the information herein is a true and complete statement of my personal and professional record to date and falsification or omission to my application or supplement to it will be sufficient grounds for failure to elect to, or for my removal from the Fair Board of Directors.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Please return completed application to:

Converse County Clerk  
107 N 5<sup>th</sup> St., Suite 114  
Douglas, WY 82633-2448  
or Fax: (307) 358-5998  
or Scan and Email: [lucile.taylor@conversecountywy.gov](mailto:lucile.taylor@conversecountywy.gov)

