

APPLICATION  
MARSHALL COUNTY BOARDS OR COMMITTEES

Return to:  
MARSHALL COUNTY COMMISSION  
PO Drawer B  
Moundsville, WV 26041  
[commission@marshallcountywv.gov](mailto:commission@marshallcountywv.gov)

Date of Application: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Magisterial District Where You Reside: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Political Party if applying for Marshall County Board of Health \_\_\_\_\_

Circle the organization you would like to be considered for:

- Marshall County Building Commission
- Public Service District #1
- Public Service District #2
- Public Service District #3
- Public Service District #4
- Marshall County Sewerage District
- Northern Panhandle Workforce Investment Board
- Marshall County Extension Service
- Marshall County Planning Commission
- Moundsville/Marshall County Public Library
- Marshall County Solid Waste Authority
- Marshall County Health Department
- Northern Panhandle Conservation District
- Marshall County Park & Recreation Board
- Marshall County Airport Authority
- Marshall County Activities Development Authority

**APPROVED**

JUL 15 2025

BY COUNTY COMMISSION  
MARSHALL COUNTY, WV



Are you employed: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

What date would you be available to begin your term? \_\_\_\_\_

Have you been convicted of a felony or misdemeanor, excluding traffic violations?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please explain and list:

\_\_\_\_\_

Veteran of the U.S. Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Branch: \_\_\_\_\_

Name, address and telephone number of three references who are not related to you and are not previous employers:

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

What knowledge/experience do you have which you believe can benefit the board you are interested serving on.

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

List any committees or boards you are now serving on or have previously served:

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

## CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_