QUALIFICATIONS INFORMATION IN SUPPORT OF WRITTEN REQUEST FOR

APPOINTMENT OF	[name]

AS KUNA RURAL FIRE DISTRICT/FIRE DISTRICT COMMISSIONER SUBDISTRICT No. 2 [ADA COUNTY] [I.C. § 34-1409]

[Must be filed with the Fire District Secretary by 5 p.m. on June 5th, 2024]

Name:				Date:	
	Last	First	Middle		
Address:_					
	Street	City	State		Zip
Phones: _					
Н	Iome	Work		Cell	
Fax No.: _			E-mail:		
Present Po	osition:		Employer:		

Educational Record

Name & Location of Institutions Attended	Years	Degree	Major	Minor

Questions

Please respond to the following questions. If using a separate piece of paper, limit your response to one page per question. (Responses may be forwarded electronically to khinkle@kunafire.com)

What do you consider to be your key skills and accomplishments which would qualify you to serve as a Commissioner of the Kuna Rural Fire District?
What local or State government experience do you have?
What experience do you have regarding fire prevention?
What experience do you have regarding emergency medical service?
What is your knowledge and acquaintance with this Fire District and its operations?
Describe your personality in terms of how you would approach working with the other commissioners of this Fire District.
What do you see are the needs of this Fire District?
d:, 2024
Signed: