

Carson City Application for Appointive/Volunteer Position

Please type or print legibly

Title of Board, Committee or Commission: PLANNING

Position Applying For (if applicable): _____

Name: DESHLER William "BC" C.
Last First Middle Initial

Home Address: 609 LANDER DR CARSON CITY NV 89701
Street City State Zip

Mailing Address (if different): _____
PO Box/Street City State Zip

Occupation/Business: RETIRED / PART TIME GOLF COURSE

Contact: Work 775 720 1103 Home 775 884 9221
Cell ~~775 884 7019~~ Email D.DESHLER@YAHOO.COM
Preferred method of contact: _____

Are you currently an active registered voter in Carson City*? Yes No
(*Not required for the Convention & Visitors Bureau)

Are you currently a member on any Carson City Board, Committee, or Commission?
 Yes No If yes, please list: _____
If yes, please list Term Expiration _____

Conflict of Interest:
a. Within the past twelve (12) months, have you been employed by Carson City (including as an elected official)? Yes No
b. Do you currently have a contract with Carson City for services and/or goods? Yes No

Criminal Record: Have you been convicted of a felony, domestic violence or a gross misdemeanor involving moral turpitude (conduct contrary to community standards of justice, honesty and good morals)? Yes No

For Office Use Only:

Comments:

LATE MATERIAL
MEETING DATE 5/21/15
ITEM # 24B

1. Education (note: only complete below if a degree is required for this position)

College, Professional, Vocational or Other Schools Attended	Major Subject	Degree Conferred

2. Briefly describe the qualifications you possess which you feel would be an asset to this

Board/Committee/Commission:

RETIRED FEDERAL REALTY & WATER SPECIALIST
SURVEY & MAPPING SKILLS, GPS & GIS SKILLS
AND KNOWLEDGE

3. List the community organizations in which you have participated and describe participation:

GOLF COURSE VOLUNTEER FOR 17 YEARS
LETTIE LEAGUE COACH & UMPIRE

4. List your affiliation with professional or technical societies, if required for position:

5. Do you anticipate any potential conflicts of interest? Yes No

If yes, please explain:

6. Personal/Professional References:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
LOCKE HANNE	CARSON CITY	775 882 3436
ED DeCARLO	CARSON CITY	775 883 0607

I understand that my submitted application is considered public information. I understand the Board of Supervisors may require a pre-appointment background check for any position if deemed warranted.

I have read and understand the Carson City's Boards, Committees, and Commissions Policies and Procedures (online at www.carson.org/volunteer).

I hereby declare that all statements given by me on this form are truthful and complete to the best of my knowledge.

William C. Deshler
Signature of Applicant

5-18-15
Date

WILLIAM C. DESHLER
Printed Name

You may attach more information.

Deliver, mail, fax or email signed and completed application to:

Carson City Executive Offices
201 N. Carson Street Suite 2
Carson City, NV 89701
(775) 887-2100 or 283-7125
FAX (775) 887-2286
cceo@carson.org