Date Received:

APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO BOARDS & COMMITTEES
CITY OF GUSTAVUS

Board/Committee Name:_____Postion:_____

Name:_____
Last First MI

Residence Address:_____

Mailing Address:_____

Home Phone:_____

E-Mail Address:_____

Can you regularly attend meetings? _____YES _____NO
(Committee and Board by-laws may have attendance requirements)
Are you currently affiliated with the City in any way? (For example emergency responder, employee)
_____YES _____NO
If yes, please list positions:_____

_____

Have you been a member of this board/committee before?_____

Reason for interest in committee/board membership:_____

_____

Brief background of experience that would qualify you for the position:_____

_____

_____ _____
Signature **Printed Name** **Date**