

**CITY OF EVANSDALE, IOWA
BOARDS & COMMISSIONS APPLICATION**

Date: _____

I, _____, request to be appointed to (state preference):
(Name)

1. _____ 2. _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address _____

Home Address _____ Zip Code _____

Employer _____ Title _____

Employer Address _____ Zip Code _____

How long have you resided in Evansdale? ____ years

List current membership in organizations and offices held: _____

I am available for meetings: A.M. P.M. Noon Evenings

I am available to serve on a Board/Commission the entire year: Yes No If no, list months not able to serve: _____

Briefly explain your qualifications for appointment to a designated Board/Commission: _____

Additional information and comments that may not be evident from information already on this form:

References (include phone numbers): _____

I understand this application does not bind me to accept an appointment should it be offered, nor does it guarantee an appointment to a Board/Commission. If selected, I will be available to attend appropriate training sessions. This application will remain valid and on file for one calendar year from above date.

Signature _____

RETURN TO MAYOR'S OFFICE, 123 N EVANS RD., EVANSDALE, IA 50707; FAX 291-4286; or EMAIL: mayor@cityofevansdale.org; PHONE: 232-6683