

## APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS & COMMITTEES

Application for		(Board/Commission	n/Committee)
Name		Date	
Address			
Home # Busine		Cell #	
E-mail			
This form assists the Board of Supervisors in evaluating to State law requires political subdivisions to make a good f according to gender by January 1, 2012, and each year ther   Female Male	aith effort to balance mos		
Place of employment and position (and/or active you for this position):	vities such as hobbies,	volunteer work, etc. that you feel r	nay qualify
The following questions will assist the Board Why do you wish to serve on this board, comm		s selection process.	
What do you feel your biggest contribution to t	his board, commission	n, or committee would be?	

Continued from the first page	
What direction or role do you perce	e of this board, commission, or committee?
How much time will you be willing t would prevent you from attending to	devote to this position? What other meetings or conflicts do you have which eetings?
Do you have any additional comme	s to add that may assist the Board of Supervisors in its selection?
References	
Please provide two references who	ay be contacted on your qualifications for this position.
Name	Phone
Address	Relationship
E-mail	
Name	Phone
Address	Relationship
E-mail	
I certify that there is nothing that w	ald prohibit me from serving on this board, commission, or committee.
Signature	

Please return this application to:
Board of Supervisors
Franklin County Courthouse
12 – 1<sup>st</sup> Ave NW, PO Box 26
Hampton, Iowa 50441

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR.
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.