

CITY OF FORT MADISON, IOWA
APPLICATION FOR BOARDS/COMMISSIONS/COMMITTEES

Application For: _____
(Name of Board/Commission/Committee)

Name: _____

Address: _____

Preferred Phone #: _____ E-Mail Address: _____

This form assists in evaluating the qualifications of applicants for appointment to a board, commission or committee. State law requires political subdivisions to make a good faith effort to balance appointive boards, commission, committees and councils authorized by the Code of Iowa according to gender by January 1, 2012, and each year thereafter.

Female Male

Please list your place of employment/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this appointment.

Please describe why you are interested in serving on the

_____ (Name of Board/Commission/Committee)

Include any other information that supports your interest.

What contributions do you feel you can make?

In lieu of/in addition to the above, are you interested in serving on any other board, commission or committee? Please indicate which one(s).

- | | |
|--|---|
| <input type="checkbox"/> Airport | <input type="checkbox"/> Adjustment & Appeals |
| <input type="checkbox"/> Band | <input type="checkbox"/> Electrical/Plumbing |
| <input type="checkbox"/> Civil Service | <input type="checkbox"/> Historic Preservation |
| <input type="checkbox"/> Old Fort | <input type="checkbox"/> Park, Recreation & Docks |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Planning & Zoning |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> RSVP Advisory |
| <input type="checkbox"/> Library | <input type="checkbox"/> Sister City |
| <input type="checkbox"/> Tourism | <input type="checkbox"/> Soldiers Circle Advisory |

Please provide two references who may be contacted on your qualifications for this appointment.

Name	Address	Phone Number	Email Address	Relationship
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I certify that there is nothing that would prohibit me from serving on this board, commission or committee.

Signature _____ Date _____

**YOUR APPLICATION WILL BE RETAINED FOR ONE YEAR.
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE VIEWED,
REPRODUCED OR DISTRIBUTED TO THE PUBLIC**

Please return to:
Fort Madison City Clerk's Office
811 Avenue E
Fort Madison, IA 52627-0240
Phone (319) 372-7700, Ext. 206