

APPLICATION FOR CITY BOARDS/COMMISSIONS

City of Chisholm, Minnesota

Note: As an applicant for City Board or Commission, your name, address, and phone number will be available to the press and the public. You will be contacted regarding your application.

(Please Type or Print Clearly)

Name: _____ Date: _____

Address: _____

Phone No. _____ (Home) _____ (Work)

Email _____

Occupation: _____

(If retired, please indicate former occupation/profession)

Education: _____

I am interested in serving on the following Board/Commission: _____

Reasons for wanting to serve on the above-mentioned Board/Commission: _____

List any special skills or knowledge related to the committee's purpose: _____

Have you served on any other City Board or Commission? _____

List your professional and or community activities: _____

Please include a brief statement of your qualifications: _____

Signature _____

Please return this form to: City of Chisholm
City Hall Attn: Susan Trunk
316 West Lake Street
Chisholm, MN. 55719

Or Email completed form to: strunk@ci.chisholm.mn.us