



**APPLICATION FOR SERVICE ON
AN ADVISORY BOARD OR COMMISSION**

TODAY'S DATE: _____

ADVISORY BOARD OR COMMISSION INTERESTED IN: _____

NAME: _____

ADDRESS: _____

PHONE: (HOME) _____ **(WORK)** _____

EMAIL ADDRESS: _____

EMPLOYER: _____

LIST THE DAYS AND HOURS WHICH YOU ARE AVAILABLE FOR MEETINGS:

LIST YOUR REASONS FOR YOUR INTEREST TO SERVE ON THE BOARD/COMMISSION YOU IDENTIFIED ABOVE:

LIST WHAT EXPERIENCE OR EXPERTISE YOU CAN PROVIDE IF APPOINTED TO THIS BOARD/COMMISSION:

PERSONAL REFERENCES:

NAME & PHONE NUMBER _____

NAME & PHONE NUMBER _____

PLEASE RETURN THIS FORM TO:

**CITY OF FARIBAULT ADMINISTRATION OFFICE
208 FIRST AVENUE NW
FARIBAULT, MN 55021
FAX: 507/333-0399**