CITY OF WEST DES MOINES, IOWA

APPLICATION FOR APPOINTMENT TO QUALITY OF LIFE COUNCIL

As part of the City of West Des Moines' initiative WDM 2036, the Mayor has called for the establishment of a Quality of Life Council to provide feedback to City leaders on ways to promote and improve the quality of life in the community. The City of West Des Moines appreciates your interest in serving the community on the Quality of Life Council and welcomes your application.

Please complete all sections of this application. If you have any questions, please contact the City Clerk's Office at (515) 222-3600 or TDD (Hearing Impaired) (515) 222-3334. The City of West Des Moines is committed to providing equal opportunity for citizen involvement.

Name:Last		First	Mi	Middle	
Address:	<u> </u>				
	Street	City	State	Zip	
Occupation:					
Employer's N	Vame & Address				
Work Phone: When ca		When can you be reached at this	/hen can you be reached at this number?:		
Home Phone:		When can you be reached at this	When can you be reached at this number?:		
E-mail addre	ss:				
Length of res	sidence in West Des M	Aoines:			
Please list an	y previous Board mer	mbership positions (City, Church, School, P	rofessional, etc.) and date	es of service	

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Please indicate below the reasons wh skills or experience that you believe		the Quality of Life Council and any specific
Please list two references other than	a family member:	
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Do you sell to, or are you in any man	ner a part to, any contract to furnish	n supplies, material, or labor to the City of West
Des Moines? If so, please l	ist:	
Have you ever been employed by the	e City? If so, please list	dates of employment and positions held.
Do you have relatives working for the	e City? If so, please give	e name and relationship.
Are you being sponsored by a comm confirmation letter from said organiz		If so, please list the following and attach a
Organization:	Co	ntact:
Phone Number:	Email:	
Applicant Signature:		Date:
Please mail completed a	pplication to the office of the Cit	ty Clerk at the following address:
	City of West Des Moine	s

City of West Des Moines ATTN: City Clerk P.O. Box 65320 West Des Moines, Iowa 50265-0320

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