CITY OF WEST DES MOINES, IOWA

APPLICATION FOR APPOINTMENT TO BOARDS AND COMMISSIONS

The City of West Des Moines appreciates your interest in serving the community 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.

Please indicate those Boards and/or Commissions on which you would be willing to serve by checking below: ___ Board of Adjustment ___ Water Works Board of Trustees ___ Civil Service Commission ___ Human Services Advisory Board ___ Human Rights Commission ___ Library Board of Trustees ___ Plan & Zoning Commission ___ Public Arts Advisory Commission Sister Cities Commission Valley Junction Events Committee Other ____ Bicycle Advisory Commission Name: _____ Last First Middle Address: ____ Street City State Zip Occupation: Employer's Name & Address Work Phone: _____ When can you be reached at this number?:_____ Home Phone: _____ When can you be reached at this number?: _____ E-mail address: Length of residence in West Des Moines: Please list any previous Board membership positions (City, Church, School, Professional, etc.) and dates of service:

1

S:\admins\brds&comm00

Please indicate below the reasons or experience that you believe su		a Board or Commission and any specific skills
Please list two references other t	han a family member:	
Name:	Relationship:	Phone:
Name:	Relationship:	_Phone:
Do you sell to, or are you in any i	manner a part to, any contract to furnish	a supplies, material, or labor to the City of West
Des Moines? If so, plea	se list:	
Have you ever been employed by	y the City? If so, please list of	dates of employment and positions held.
	or the City? If so, please give	
	mmunity organization(s)?anization:	If so, please list the following and attach a
Organization:	Co	ntact:
Phone Number:	Email:	
Applicant Signature		Detai

Please mail completed application to the office of the City Clerk at the following address:

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

S:\admins\brds&comm00 2