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 Cor	mmissions on which you would be	willing to serve by checking below:
Board of Adjustment Civil Service Commission Library Board of Trustees Plan & Zoning Commission Sister Cities Commission Bicycle Advisory Commission	— Human Sei — Human Rig — Public Arts — Valley Jun	ks Board of Trustees rvices Advisory Board ghts Commission s Advisory Commission ction Events Committee ecreation Advisory Board
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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	p positions (City, Church, School, Pro	fessional, etc.) and dates of service:

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Please indicate below the reasons why or experience that you believe support		nted to a Board or Commission and any specific skills
Please list two references other than a	family member:	
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Do you sell to, or are you in any manne	er a part to, any contract to	furnish supplies, material, or labor to the City of West
Des Moines? If so, please lis	st:	
Have you ever been employed by the	City? If so, pleas	se list dates of employment and positions held.
Do you have relatives working for the	City? If so, pleas	se give name and relationship.
Are you being sponsored by a commu confirmation letter from said organiza		If so, please list the following and attach a
Organization:		Contact:
Phone Number:	Email:	
Iowa Code Section 69.16A requires C	City boards/commissions to	be gender balanced. Please indicate your gender.
Male	e Female	Non-Binary
Applicant Signatura		Data:

Please submit completed application to the office of the City Clerk as an electronic copy to ryan.jacobson@wdm.iowa.gov or as a paper copy to the following address:

City of West Des Moines ATTN: City Clerk 4200 Mills Civic Parkway, Suite 2B West Des Moines, IA 50265