APPLICATION FORM FOR MITCHELL COUNTY BOARD/COMMISSION

Please Return To:

Mitchell County Board of Supervisors, 212 S 5ᵗʰ St. Osage , IA 50461   Fax: (641) 732-5218

Application For: _____ (Board/Commission)

Date _____ E-mail Address _____

Name _____

Address _____

Phone Number _____ Fax Number _____

Business Phone _____ Cell Phone _____

This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter.

☐ Female   ☐ Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel

may qualify you for this position):

_____

_____

_____

The following questions will assist the Board of Supervisors in its selection.

⁻ How much time will you be willing to devote in this position?

_____

¯ Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission.   Include information about your background that supports your interest.

_____

_____

_____

_____

¯ Contributions you feel you can make to the Board/Commission:

_____

_____

_____

_____

¯ Direction/role you perceive of this Board/Commission:

_____

_____

_____

¯ In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

_____

_____

_____

_____

- Please provide two references who may be contacted on your qualifications for this position.

Name Address Phone number Email address Relationship

_____

_____

_____

_____

I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature _____ Date _____

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR

THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.