

BOARDS AND COMMISSIONS APPLICATION
CITY OF CLINTON, IOWA

Name: _____ Daytime Phone: _____
Birth Date (Optional): _____ Email: _____
Street Address: _____ Clinton Resident _____
Since: _____

Education

High School: _____
College: _____
Trade School or Other: _____

Employment Background:

Civic Activities:

_____ ADA Advisory Commission	_____ Human Rights Commission
_____ Advisory Appointments Committee	_____ Library Board
_____ Airport Commission	_____ Mayor's Youth Commission (Grades 7 -1 st yr. college)
_____ Board of Appeals (Vehicles for Hire)	_____ Neighborhood Improvement Committee
_____ Capital Improvements Program (CIP)	_____ Parks and Recreation Advisory Board
_____ Civil Service Commission	_____ City Plan Commission
_____ Finance Committee	_____ Traffic Study Commission
_____ Grant Committee	_____ Trails Advisory Committee
_____ Historic Preservation Commission	_____ Tree Commission
_____ Hometown Pride Committee	_____ Zoning Board of Adjustment
_____ Housing Authority	
_____ Housing Board of Appeals	

Related Experience and Interests:

References:	Address:	Phone Number:
_____	_____	_____
_____	_____	_____

This application will remain in an active file for a period of 2 years.

Signature: _____ Date: _____