BOARDS AND COMMISSIONS APPLICATION CITY OF CLINTON, IOWA

Name: Birth Date (Optional): Street Address:		Daytime Phone: Email: Clinton Resident Since:		
Gender Identity:	<u>Edı</u>	 ucation		
High School: College: Trade School or Other:				
Employment Background	:			
Civic Activities:				
ADA Advisory Commission Advisory Appointments Committee		Human Rights Commission Library Board		
Airport Commission Board of Appeals (Vehicles for Hire)		Mayor's Youth Commission (Grad	Mayor's Youth Commission (Grades 7 -1st yr. college) Neighborhood Improvement Committee	
Capital Improvements Program (CIP)		Parks and Recreation Advisory B	Parks and Recreation Advisory Board	
Civil Service Commission Finance Committee		City Plan Commission Traffic Study Commission		
Historic Preservation Commission		Trails Advisory Committee		
Hometown Pride Committee		Tree Commission		
Housing Authority Housing Board of		Zoning Board of Adjustment		
Related Experience and I	nterests:			
References:	Address:	Phone Number:		
This application will remain	ain in an active file fo	r a period of 2 years		
	and the deliverine to	•		
Signature:		Date:		