



**CITY OF FORT MADISON, IOWA
APPLICATION FOR
BOARDS/COMMISSIONS/COMMITTEES**

Application For: _____
(Name of Board/Commission/Committee)

Name: _____

Address: _____

Preferred Phone #: _____ **Email:** _____

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

Female Male

Please list your place of employment/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this appointment.

Why are you interested in serving on this Board/Commission/Committee?

Include any other information that supports your interest.

What contributions do you feel you can make?

In lieu of/in addition to the above, are you interested in serving on any other board, commission or committee? Please indicate which one(s):

- | | |
|---|--|
| <input type="checkbox"/> Adjustment & Appeals | <input type="checkbox"/> Airport |
| <input type="checkbox"/> Civil Service | <input type="checkbox"/> Historic Preservation |
| <input type="checkbox"/> Planning & Zoning | <input type="checkbox"/> Library |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Construction Board of Appeals |
| <input type="checkbox"/> Fort Madison SIRRC | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Port Authority | <input type="checkbox"/> Revolving Loan Fund Committee |

Do you wish to serve as an: Alternate OR Regular Member

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

Name: _____

Address: _____ Phone #: _____

Relationship: _____ Email: _____

Name: _____

Address: _____ Phone #: _____

Relationship: _____ Email: _____

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

Signature: _____ Date: _____

**YOUR APPLICATION WILL BE RETAINED FOR ONE YEAR.
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE VIEWED,
REPRODUCED OR DISTRIBUTED TO THE PUBLIC**

Please return to:
Fort Madison City Clerk's Office
811 Avenue E
Fort Madison, IA 52627-0240
Phone (319) 372-7700, Ext. 206
mblind@fortmadison-ia.com

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For City Staff Use Only

