



For Office Use Only
Date Received: _____
1st, 2nd, 3rd Choice Interest:
1. _____
2. _____
3. _____

APPLICATION FOR APPOINTMENT

To a Board, Commission or Committee

Personal

Last Name	First Name	MI	Home Telephone Number	
Street Address	City	State	Zip Code	E-mail Address
Occupation	Work Telephone	Place of Employment		
Length of Residency in West Bend	Are you registered to vote in West Bend? YES NO		Are you willing to attend meetings on a regular basis? YES NO	

Have you ever served as a member of any City of West Bend Board, Commission, or Committee? YES NO

If yes, specify which one and the approximate dates of service.

Appointment Preference (Please indicate 1st, 2nd and 3rd choice)

<input type="checkbox"/> Airport Commission <input type="checkbox"/> Board of Appeals <input type="checkbox"/> Board of Electrical Examiners <input type="checkbox"/> Board of Review <input type="checkbox"/> Cable TV Committee <input type="checkbox"/> Downtown BID Board <input type="checkbox"/> Ethics Committee <input type="checkbox"/> Fire Prevention Board <input type="checkbox"/> Housing Authority	<input type="checkbox"/> Library Board <input type="checkbox"/> Park & Recreation Commission <input type="checkbox"/> Parking Advisory Committee <input type="checkbox"/> Plan Commission <input type="checkbox"/> Police & Fire Commission <input type="checkbox"/> Recycling Committee <input type="checkbox"/> Redevelopment Authority <input type="checkbox"/> Safety Commission
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Education and Training

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Community/Volunteer Experience (List any civic or community activities in which you have been involved.)

I understand that my attendance at all regularly scheduled meetings is critical and that the Mayor may appoint a replacement for members who are chronically absent from regular meetings.

_____ Applicant's Signature _____ Date

All applications are kept on file for one year. During that time, your application will be considered when there is an opening for the Board, Commission or Committee for which you have applied. ***NOTE:** You must reside within the City of West Bend to be considered for appointment.

- Please notify the Mayor's Office at 262-335-5111 if you move or no longer wish to be considered for appointment.
- Please feel free to attach a resume and/or copies of any certificates pertinent to the appointment you are seeking.
- Mail or deliver you application to: City of West Bend, Mayors Office, 1115 S. Main St, West Bend, WI 53095

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Appointed to: _____	Date Appointed: _____