



**APPLICATION FOR SERVICE ON  
AN ADVISORY BOARD OR COMMISSION**

**TODAY'S DATE:** \_\_\_\_\_

**ADVISORY BOARD OR COMMISSION INTERESTED IN:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE: (HOME)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**LIST THE DAYS AND HOURS WHICH YOU ARE AVAILABLE FOR MEETINGS:**

\_\_\_\_\_  
\_\_\_\_\_

**LIST YOUR REASONS FOR YOUR INTEREST TO SERVE ON THE BOARD/COMMISSION YOU IDENTIFIED ABOVE:**

\_\_\_\_\_  
\_\_\_\_\_

**LIST WHAT EXPERIENCE OR EXPERTISE YOU CAN PROVIDE IF APPOINTED TO THIS BOARD/COMMISSION:**

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:**

**NAME & PHONE NUMBER** \_\_\_\_\_

**NAME & PHONE NUMBER** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

**CITY OF FARIBAULT ADMINISTRATION OFFICE  
208 FIRST AVENUE NW  
FARIBAULT, MN 55021  
FAX: 507/333-0399**