APPLICATION FORM FOR WINNEBAGO COUNTY BOARD/COMMISSION

Please Return To:
Winnebago County Auditor
Phone: (641)585-3412    Website: www.winnebagocountyiowa.gov

Application For: ____________________________________________ (Board/Commission)

Date ___________________________  E-mail Address ______________________________________

Name ____________________________________________________________

Address ____________________________________________________________________________

Phone Number _______________________  Fax Number _________________________________

Business Phone ___________________________  Cell Phone _________________________________

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

☐ Female    ☐ Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):

________________________________________________________________________

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________________________________________________________________________

The following questions will assist the Board of Supervisors in its selection.

☒ How much time will you be willing to devote in this position?

________________________________________________________________________

☒ Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission. Include information about your background that supports your interest.

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☒ Contributions you feel you can make to the Board/Commission:

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________________________________________________________________________
Direction/role you perceive of this Board/Commission:

__________________________________________________________________________

__________________________________________________________________________

In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

__________________________________________________________________________

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

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<th>Email address</th>
<th>Relationship</th>
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I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature ____________________________ Date ____________________________

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.