

CITY OF DICKINSON
APPLICATION FOR CITY BOARDS, COMMISSIONS, COMMITTEES

Please type or print information

NAME: _____

HOME ADDRESS: _____

LENGTH OF RESIDENCY IN DICKINSON: _____ PHONE: _____

E-MAIL ADDRESS: _____

CURRENT EMPLOYER: _____ OCCUPATION: _____

WORK ADDRESS: _____

REGISTERED VOTER IN THE CITY OF DICKINSON: _____ YES _____ NO

EDUCATION: HIGH SCHOOL _____

COLLEGE _____

ADDITIONAL EDUCATION OR CERTIFICATIONS _____

ORGANIZATION MEMBERSHIPS & POSITIONS HELD: _____

NAME OF BOARD, COMMISSION, OR COMMITTEE APPLYING FOR:

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal Advisory Committee | <input type="checkbox"/> Dickinson Education Finance Corp. | <input type="checkbox"/> Fair Housing Work Group |
| <input type="checkbox"/> Board of Adjustments | <input type="checkbox"/> Dickinson Economic Development | <input type="checkbox"/> Planning & Zoning Commission |
| <input type="checkbox"/> Building Standards Commission | <input type="checkbox"/> Dickinson Management District #1 | |

REASON(S) YOU ARE VOLUNTEERING TO SERVE:

Please include a resumé with this application.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for consideration to serve on a City Board, Commission or Committee.

Signature: _____ Date: _____

THIS APPLICATION IS GOOD FOR AND WILL BE RETAINED FOR TWO (2) YEARS IN ACCORDANCE WITH THE CITY OF DICKINSON'S RECORDS RETENTION POLICY. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, AN APPLICANT MUST SUBMIT A NEW APPLICATION EVERY TWO (2) YEARS.