

CITY OF DICKINSON
APPLICATION FOR BOARDS, COMMISSIONS, COMMITTEES

Please type or print information

NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

WORKADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

LENGTH OF RESIDENCY IN DICKINSON: _____

EDUCATION: HIGH SCHOOL _____

COLLEGE _____

TRADE OR BUSINESS SCHOOL _____

HOBBIES: _____

NAME OF BOARD, COMMISSION, OR COMMITTEE APPLYING FOR: _____

ORGANIZATION MEMBERSHIPS & POSITION HELD: _____

AREAS OF SPECIAL INTEREST:

1. _____

2. _____

3. _____

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.