

**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 \_\_\_\_\_

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  |   |
- Position Number: \_\_\_\_\_

REASON(S) YOU ARE VOLUNTEERING TO SERVE:

\_\_\_\_\_

\_\_\_\_\_

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.

*Please complete background information to follow.*

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.

**Please elaborate on your background and any skills which make you interested and/or qualified to be a part of the board you selected.**



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