

## Board, Commission and Committee Appointment Application to Serve

Nan	ne:		Date:					
Home Address:								
Ema	ail Address:							
Cel	Phone:	Home Phone:		Work	T	elephone:		
Occ	upation:		Best Time	to Ca	ll:	am/pm		
Do you own commercial property and/or operate a business in Harrisonville? If yes, please describe.								
Work/Business Name:								
Work/Business Address:								
Length of Residency in Harrisonville:			Are you registered to vote?					
Are you now serving, or have you ever served, on a board, commission or committee for the City of Harrisonville or any other community?   Yes   No  If yes, please give name of board, commission and/or committee and dates served:								
<b>BOARD, COMMISSION OR COMMITTEE PREFERENCE(S):</b> Please list no more than three boards, commissions or committees in order of preference.								
1		2			3			

(Application continued on reverse)

<b>NARRATIVE STATEMENT:</b> Please provide a brief statement indicating why you wish to be appointed to this board or commission, including the strengths you feel you could bring to the position for which you are applying. Information may include education, professional experience and community activities pertinent to the position for which you are applying.
I understand that my attendance at all regularly scheduled meetings is critical, even if I am an alternate member, and that the Board of Aldermen may appoint a replacement for members who are chronically absent from regular meetings. I also understand that this application is considered a public record.

All applications are kept on file for one year. During that time, your application will be considered when there is an opening for the Board, Commission, or Committee for which you have applied.

Applicant's Signature: \_\_\_\_\_

- Please feel free to attach a resume and/or copies of any certificates pertinent to the appointment you are seeking.
- ➤ Please notify the City Clerk at 816-380-8916 if you move or no longer wish to be considered for appointment.
- Mail or deliver your completed application to: City of Harrisonville, City Clerk's Office, 300 E. Pearl, P. O. Box 367, Harrisonville, MO 67401 or email rjones@ci.harrisonville.mo.us
  - \* Applications must be completely filled out in order to be considered \* THANK YOU FOR YOUR INTEREST IN THE CITY OF HARRISONVILLE