APPLICATION FORM FOR HARRISON COUNTY BOARD/COMMISSION

Please Return To:

Harrison County Board of Supervisors, 111 N 2nd Ave., Logan, IA 51546

Phone: (712) 644-3123 Fax: (712) 644-2643 Website: www.harrisoncountyia.org

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:**

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■ **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.**

Name	Address	Phone number	Email address	Relationship

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.