

BOARDS AND COMMISSIONS APPLICATION
CITY OF CLINTON, IOWA

Name: _____ Daytime Phone: _____
Birth Date (Optional): _____ Email: _____
Street Address: _____ Clinton Resident _____
Since: _____

Education

High School: _____
College: _____
Trade School or Other: _____

Employment Background:

Civic Activities:

- | | |
|--|--|
| _____ ADA Advisory Appointments Committee | _____ Human Rights Commission |
| _____ Advisory Appointments Committee | _____ Library |
| _____ Airport Commission | _____ Monument Committee |
| _____ Board of Appeals (Vehicles for Hire) | _____ Neighborhood Improvements |
| _____ Capital Improvements Program (CIP) | _____ Parks and Recreation Advisory Committee |
| _____ Civil Service Commission | _____ Planning Commission |
| _____ Finance Committee | _____ Traffic Study Commission |
| _____ Grant Committee | _____ Trails Advisory Committee |
| _____ Historic Preservation Commission | _____ Tree Commission |
| _____ Hometown Pride Committee | _____ Youth Commission(Grades 7 - 1 st yr. College) |
| _____ Housing Authority | _____ Zoning Board of Adjustment |

Related Experience and Interests:

References: _____ Address: _____ Phone Number: _____

This application will remain in an active file for a period of 2 years.

Signature: _____ Date: _____