BOARDS AND COMMISSIONS APPLICATION CITY OF CLINTON, IOWA

Name: Birth Date (Optional): Street Address:		aytime Phone: mail: linton Resident ince:		
	Educa	ation		
High School:				
College:				
Trade School or Other: _				
Employment Background	:			
Civic Activities:				
ADA Advisory Ap	ppointments Committee	Human Rights Commiss	sion	
Advisory Appointments Committee		Library Board	Library Board	
Airport Commission		Mayor's Youth Commis	Mayor's Youth Commission (Grades 7 -1st yr. college)	
Board of Appeals (Vehicles for Hire)		Monument Committee	Monument Committee	
Capital Improvements Program (CIP)		Neighborhood Improver	Neighborhood Improvement Committee	
Civil Service Commission			Parks and Recreation Advisory Board	
Finance Committee			City Plan Commission	
Grant Committee			Traffic Study Commission	
Historic Preservation Commission			Trails Advisory Committee	
Hometown Pride Committee			Tree Commission	
Housing Authority		Zoning Board of Adjust	Zoning Board of Adjustment	
Housing Board of	Appeals			
Related Experience and In	nterests:			
References:	Address:	Phone Nu	mber:	
This application will remain	ain in an active file for a	period of 2 years.		
Signature:		Date:		