

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS & COMMITTEES

Application for		(Board/Commission/Committee)
Name		Date
	Business #	Cell #
E-mail		
	ons to make a good faith effort to balance m	licants for appointment to a board, commission, or committee. nost appointive boards, commissions, committees, and councils
_	ition (and/or activities such as hobbid	es, volunteer work, etc. that you feel may qualify
	Il assist the Board of Supervisors in	•
What do you feel your bigges	t contribution to this board, commiss	ion, or committee would be?

Continued from the first page	
What direction or role do you perce	e of this board, commission, or committee?
How much time will you be willing t would prevent you from attending r	devote to this position? What other meetings or conflicts do you have which eetings?
Do you have any additional commer	s to add that may assist the Board of Supervisors in its selection?
References Please provide two references who	ay be contacted on your qualifications for this position.
Name	Phone
Address	
E-mail	
News	Dhana
Name	Phone
Address	
E-mail	
I certify that there is nothing that w	uld prohibit me from serving on this board, commission, or committee.
Signature	Date
Completed applications may be ema	led to bcauditor@bentoncountyia.gov or mailed to the address below:

Benton County Board of Supervisors PO Box 549 Vinton, IA 52349

THANK YOU FOR YOUR INTEREST IN SERVING BENTON COUNTY!

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.