



APPLICATION FOR CITY BOARDS AND COMMISSIONS

Return to:
 City Administration Office
 420 N. Pokegama Avenue
 Grand Rapids, MN 55744
 218-326-7600

Personal Information:

Name:	Date:
Address:	Day Phone:
Employer:	Evening Phone:
Occupation:	E-Mail

Please rank in order the Boards/Commissions on which you would like to serve (leave blank any on which you do not wish to serve):

<input type="checkbox"/>	Arts & Culture Commission	<input type="checkbox"/>
<input type="checkbox"/>	Economic Development Authority	<input type="checkbox"/>
<input type="checkbox"/>	Golf Course Board	<input type="checkbox"/>
<input type="checkbox"/>	Human Rights Commission	<input type="checkbox"/>
<input type="checkbox"/>	Library Board	<input type="checkbox"/>
	Parks, Recreation & Civic Center Board	<input type="checkbox"/>
	Planning Commission	<input type="checkbox"/>
	Police Community Advisory Board	<input type="checkbox"/>
	Public Utilities Commission	<input type="checkbox"/>

Do you have special qualifications that you feel would help you be particularly effective on a City Board or Commission? (i.e. work experience, volunteer experience, education, hobbies, etc?)

How did you become interested in serving on a Board or Commission?

Are you related to any City employee or elected official? YES _____ NO _____

If yes, to whom and how are you related? _____

Are you a Resident_____ or Non-Resident_____?

Do you own property or own a business within the Grand Rapids city limits?

YES ____ NO ____ If yes, please explain: _____

Data Authorization:

If appointed, I, _____, authorize the City of Grand Rapids to release the following private data upon request made to the City (check all that apply).

Home Phone # _____

Work Phone# _____

Cell Phone # _____

I also authorize the City of Grand Rapids to release such authorized private data referenced above to members of the general public, City staff, Mayor and City Council members upon request for such data. The person(s) receiving such private data must use it only for lawful purposes.

This authorization shall be modified or cancelled only upon written notice to the City Clerk, City of Grand Rapids.

I agree to inform the City Clerk's office of any change indicated above.

I agree to relinquish and waive all claims that may arise against the City, its agents or employees for releasing any and all authorized data referenced above relating to this agreement.

I recognize and agree that I will be issued a City of Grand Rapids official email and will utilize it for official business of Boards & Commissions only.

Date

Signature