



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: (Please include Middle 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):

☐ Arts & Culture Commission ☐ Economic Development Authority ☐ Golf Course Board ☐ Human Rights Commission ☐ Library Board	Civic Center Advisory Board Planning Commission Police Community Advisory Board Public Utilities Commission	☐ ☐ ☐ ☐ ☐
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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, _____, as a member of a City of Grand Rapids Commission/Board do understand that as a Commission/Board member I will be utilizing my private email address for official City business. I further understand that pursuant to *Minnesota Statutes Chapter 13* (Data Practices), that upon request from City Administration that I must provide emails relative to City business to fulfill all Data Practices requests. Failure to do so could be deemed a Misdemeanor pursuant to Minnesota Law.

Background Authorization:

The City of Grand Rapids requires all applicants wishing to serve on a Board, Commission or Authority to complete a background check. Please complete the information requested below.

Maiden, Alias or Former Names Use:

Previous addresses for the past 10 years: (Use a separate sheet if necessary.)

Date of Birth: _____

Driver's License Number: _____

- ___ I agree to inform the City Clerk's office of any changes to the information provided 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 reference above relating to this application.
- ___ I understand and agree that as a member of a City of Grand Rapids Commission, Board or Authority, I will be utilizing my private email address for official City business. I further understand that pursuant to Minnesota Statutes Chapter 13, (Data Practices), that upon request from City Administration that I must provide emails relative to City business to fulfill all data practice requests. Failure to do so could be deemed a Misdemeanor pursuant to Minnesota Law.
- ___ I agree that by submitting this application, I am stating that the statements and information are true and correct to the best of my knowledge.

Date

Signature