



**CITY OF COON RAPIDS
ADVISORY COMMISSION APPLICATION FORM**

(Please type or use black ink)

DATE: _____

NAME: _____

ADDRESS: _____ ZIP: _____

HOME PHONE#: _____ WORK #: _____ CELL #: _____

EMAIL ADDRESS: _____

PLEASE RANK IN ORDER THE COMMISSIONS ON WHICH YOU WISH TO SERVE:

(leave blank any Commission on which you do not wish to serve)

- | | |
|---------------------------------------|--------------------------------------|
| _____ Arts | _____ Housing/Community Development |
| _____ Board of Adjustment and Appeals | _____ Mortgage Assistance Foundation |
| _____ Capital Improvement | _____ Parks and Recreation |
| _____ Charter | _____ Planning |
| _____ Civil Service (Police & Fire) | _____ Safety |
| _____ Historical | _____ Sustainable Community (Green) |

A) WORK EXPERIENCE:

B) VOLUNTEER, CIVIC, PROFESSIONAL AND COMMUNITY ACTIVITIES:

C) WHY DO YOU WANT TO BE ON AN ADVISORY COMMISSION:

D) WHAT SKILLS, STRENGTHS OR ABILITIES DO YOU BELIEVE YOU WILL ADD TO THE COMMISSION?

E) ADDITIONAL COMMENTS:

REFERENCES (Optional):

NAME

ADDRESS

PHONE

TENNESSEN WARNING: The information provided by you on this application will be used to determine your suitability for appointment to an advisory commission. Participation as an advisory commission member is strictly voluntary and you are not required by law to provide this information. However, should you not furnish this information the City may have difficulty determining your suitability for appointment, contacting you regarding your information, and if selected, with your duties on the advisory commission. *Under Minnesota State Statute 13.601, subd.3, the following information is considered public information before appointment: name, city of residence, education and training, employment history, volunteer work, awards and honors, prior government service, veteran status. Once an individual is appointed, the following additional items of data are considered public: residential address, telephone number, email address.*

I have read and understand the Tennessee Warning and certify that the statements in this application are true and correct to the best of my knowledge:

SIGNATURE

DATE

Please return Application to:

City Manager's Office
City of Coon Rapids
11155 Robinson Dr NW
Coon Rapids, MN 55433-3761
Telephone: 763-767-6493