

APPLICATION FORM FOR BUCHANAN COUNTY BOARD/COMMISSION

Please Return to:
Buchanan County Board of Supervisors
210 5th Ave NE, PO Box 317
Independence, IA 50644
Telephone: 319-334-3578 Fax: 319-334-4234

Application for Buchanan County Board/Commission

Date: _____ **Email Address:** _____

Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Business Number: _____ **Cell Phone:** _____

I am interested in serving on _____ Board/Commission

This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter.

Female **Male**

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):

The following questions will assist the Board of Supervisors in its selection.

- **How much time will you be willing to devote in this position?**

- **Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission. Include information about your background that supports your interest.**

- **Contributions you feel you can make to the Board/Commission:**

- **Direction/role you perceive of this Board/Commission:**

- **In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?**

- **Please provide two references who may be contacted on your qualifications for this position.**

Name	Address	Phone number	Email address	Relationship
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I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature _____ **Date** _____

***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.***