



CITY OF COON RAPIDS

ADVISORY COMMISSION APPLICATION FORM

(Please type or use black ink)

DATE: _____

NAME: _____

ADDRESS: _____ ZIP: _____

TELEPHONE: Home: _____ Work: _____ Cell: _____

EMAIL ADDRESS: _____

PLEASE RANK IN ORDER THE COMMISSIONS ON WHICH YOU WISH TO SERVE (*leave blank any Commissions 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) 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
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Signature

Date

Please return to:

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

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 statutes, only your name is considered public information upon appointment. Any other information on this application is private data and will be accessible only to you, City staff, or as provided for by Minnesota statutes.