



APPLICATION FOR APPOINTMENT TO CITY OF ABILENE BOARDS OR COMMISSIONS

Note: Application will remain active for three years from the date signed.

Name of Applicant: Address:

How many years have you resided in Dickinson County? Registered voter?

Home Telephone Work Telephone Email:

Board or Commission Applying For: Type of work is employed in (1)

Please state why you are interested in serving on this Board/Commission/Council and indicate what expertise and/or capabilities you would bring to this Board/Commission/Council. (please use extra space on back as needed.)

(1) Some restrictions apply to City Board or Commission appointments, so this information is needed to assure compliance with these restrictions

What other boards (city, county, school, hospital, etc.) or elected offices are you currently serving on? What other boards (city, county, school, hospital, etc.) or elected offices have you served on?

Please list any present and past community volunteer activities:

To the best of your knowledge, would the appointment on your desired Board/Commission/Council create any conflicts of interest due to your employment or business endeavors? If yes, explain.

Signature of Applicant: _____ Date: _____

Received by Administrative Assistant _____ Date: _____

Return completed application to:

**City of Abilene
419 N. Broadway
Abilene, KS 67410-0519**