

STATEMENT OF PHILOSOPHY: Boards and Committees for the City of Clarion advise the City Council and Mayor in the formulation of policy and provide increased communications with the public. Because of their importance in this regard, Boards and Committees should be broadly representative of the community in terms of expertise, interest, and cultural diversity.

APPLICATION FOR BOARD/COMMITTEE MEMBERSHIP

NAME:	PHONE:
ADDRESS:	Home
ADDRESS:	WORK
	CELL
E-MAIL:	
OCCUPATION/WORK EXPERIENCE:	
For which Board or Committee	e are you applying? (Check all that apply)
Clarion Planning and Zoning	Clarion Board of Adjustment
Clarion Public Library	Iowa Specialty Hospital Board
Clarion Pa	ark Board
1) Why do you want to be a member of t	
2) List any abilities, skills or interest which	h are applicable to the Board or Committee for which you

3)	Are you able to attend meetings when called?	
4)	Are you committed to serving the entire term if selected?	
5)		
6)	Additional information or references you believe may be helpful in considering your application.	
	All applicants are strongly encouraged to attend a regularly scheduled meeting of the Board or Committee for which they are applying. Please return this form to the address below.	
Attn: C PO Box 121 1 st	Clarion City Administrator c 266 Street SW n, Iowa 50525	
 Signatu	ure of applicant Date	