

**APPLICATION FORM FOR CHICKASAW COUNTY BOARDS/COMMISSIONS**

Please Return To:

Chickasaw County Board of Supervisors, Address

Phone: (641) 394-2100 Fax: (641) 394-5541 Website: chickasawcoia.org

**Application For:** \_\_\_\_\_ **(Board/Commission)**

**Date** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

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):**

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

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

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■ **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.**

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

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

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■ **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?**

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■ **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.**