

APPLICATION FOR VOLUNTEERS FOR CITY BOARDS/COMMISSIONS/AND COMITTEES

An Equal Opportunity/Affirmative Action Employer

Last Name)	(Fi	rst Name)		(Initial
Street Address)				
(City)	(St	ate)		(Zip Code
Phone Number: ()	Email Ad	dress:		
Position(s) applying for:				
When would you be available to sta	rt?			
Do you currently serve on any city F	Boards, Commissions of	r Committees? Yes	No If ves. which	n ones:
Are you or your spouse related to an	y elected official or emp	ployee of the City of Kin	rby? Yes	No
Are you or your spouse related to an EDUCATION AND TRAI		ployee of the City of Kin	rby? Yes	No
	NING:	Approx. Dates Attended	Major Field	No Degree Received
EDUCATION AND TRAI	NING:	Approx. Dates	Major	Degree

If ves, please explain	If yes, please explain (You may omit convictions for minor traffic violations):					
REFERENCES: (I	REFERENCES: (If Desired)					
•	d to you who are qualified to desc	cribe your capabilities for the	position you seek.			
Name	Address	Phone	Occupation			
I certify that the statements	and information contained herein	are true, complete, and corre	ect to the best of my knowledge			
	nation will be used only for the p	urpose of evaluating my appl				
			prization shall be as valid as the			