

1215 EDGINGTON AVE., SUITE 1 ELDORA, IA 50627 (641) 939-8219 SUPERVISORS@HARDINCOUNTYIA.GOV

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS & COMMITTEES

Application for	<u> </u>	(Board/Commission/Committee)
Name		Date
Address		
		Cell #
E-mail		
State law requires political s		s for appointment to a board, commission, or committee. ppointive boards, commissions, committees, and councils
Female	Male	
The second secon	and position (and/or activities such as hobbies	s, volunteer work, etc. that you feel may qualify
	<u> </u>	
The following question	ns will assist the Board of Supervisors in its sele	ection process.
Why do you wish to se	erve on this board, commission, or committee?	
What do you feel your	biggest contribution to this board, commission	on, or committee would be?
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What direction or role do you perceive of	this board, commission, or committee?
1 0	
What other meetings or conflicts do you	have which would prevent you from attending meetings?
-	
Do you have any additional comments to	add that may assist the Board of Supervisors in its selection?
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References	
Please provide two references who may b	e contacted on your qualifications for this position.
Name	Phone
Address	Relationship
E-mail	
Name	Phone
Address	
E-mail	
I certify that there is nothing that would p	rohibit me from serving on this board, commission, or committee.
Signature	Date
	Please return this application to:

Please return this application to:
Board of Supervisors
Hardin County Courthouse
1215 Edgington Ave., Suite 1
Eldora, Iowa 50627

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.

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