



# CITY OF WAYLAND BOARD AND COMMISSION APPLICATION

## PERSONAL INFORMATION FORM

1. On which Board, Commission, Committee or Council would you like to serve? If more than one, please number in order of your preference (#1 highest).

|                                     |  |
|-------------------------------------|--|
| _____ Board of Review               | _____ Officers' Compensation Commission    |
| _____ City Council                  | _____ Parks & Forestry Commission          |
| _____ DDA/Main Street Board         | _____ Planning Commission                  |
| _____ Henika District Library Board | _____ Zoning/Construction Board of Appeals |

2. Name: \_\_\_\_\_  
(First) (Middle) (Last)

3. Home Address: \_\_\_\_\_  
(Street Address) (City) (Zip Code)

4. City Resident: Yes \_\_\_\_\_ No \_\_\_\_\_ 5. Home Phone: (\_\_\_\_) \_\_\_\_\_

6. E-Mail Address: \_\_\_\_\_

7. Employment: \_\_\_\_\_  
(Name of Employer)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

8. Occupation: \_\_\_\_\_ 9. Business Phone: (\_\_\_\_) \_\_\_\_\_

10. Please indicate any information (experience, education, community activities, organizations, etc.) that you believe should be considered for your appointment to a Board or Commission. Use additional paper and include a resume if you wish.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are there any situations or reasons why you could have a conflict of interest (either personal or financial) if you were appointed to a Board or Commission listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

12. If "Yes," please explain the nature of the conflict: \_\_\_\_\_  
\_\_\_\_\_

13. Would you be willing to take additional training & educational classes related to your appointment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

14. Two References (Non-Family):

| <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Relationship</u> |
|-------------|----------------|--------------|---------------------|
| _____       | _____          | _____        | _____               |
| _____       | _____          | _____        | _____               |

15. \_\_\_\_\_ (Date)  
(Signature of Applicant)