

CITY OF WEST DES MOINES, IOWA

APPLICATION FOR APPOINTMENT TO BOARDS AND COMMISSIONS

The City of West Des Moines appreciates your interest in serving the community and welcomes your application. Please complete all sections of this application. If you have any questions, please contact the City Clerk's Office at (515) 222-3600 or TDD (Hearing Impaired) (515) 222-3334. The City of West Des Moines is committed to providing equal opportunity for citizen involvement.

Please indicate those Boards and/or Commissions on which you would be willing to serve by checking below:

- | | |
|--|---|
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Water Works Board of Trustees |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Human Services Advisory Board |
| <input type="checkbox"/> Library Board of Trustees | <input type="checkbox"/> Human Rights Commission |
| <input type="checkbox"/> Plan & Zoning Commission | <input type="checkbox"/> Public Arts Advisory Commission |
| <input type="checkbox"/> Sister Cities Commission | <input type="checkbox"/> Valley Junction Events Committee |
| <input type="checkbox"/> Bicycle Advisory Commission | <input type="checkbox"/> Other _____ |

Name: _____
 Last First Middle

Address: _____
 Street City State Zip

Occupation: _____

Employer's Name & Address

Work Phone: _____ When can you be reached at this number?: _____

Home Phone: _____ When can you be reached at this number?: _____

E-mail address: _____

Length of residence in West Des Moines: _____

Please list any previous Board membership positions (City, Church, School, Professional, etc.) and dates of service:

Please indicate below the reasons why you would like to be appointed to a Board or Commission and any specific skills or experience that you believe support your application.

Please list two references other than a family member:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Do you sell to, or are you in any manner a part to, any contract to furnish supplies, material, or labor to the City of West Des Moines? _____ If so, please list: _____

Have you ever been employed by the City? _____ If so, please list dates of employment and positions held.

Do you have relatives working for the City? _____ If so, please give name and relationship.

Are you being sponsored by a community organization(s)? _____ If so, please list the following and attach a confirmation letter from said organization:

Organization: _____ Contact: _____

Phone Number: _____ Email: _____

Iowa Code Section 69.16A requires City boards/commissions to be gender balanced. Please indicate whether you are male or female.

_____ Male _____ Female

Applicant Signature: _____ Date: _____

Please mail completed application to the office of the City Clerk at the following address:

**City of West Des Moines
P.O. Box 65320
West Des Moines, Iowa 50265-0320
ATTN: Ryan Jacobson**