

CITY OF JOHNSTON
SERVE ON CITY BOARD/COMMISSION APPLICATION
www.cityofjohnston.com



City Hall · 6221 Merle Hay Road · PO Box 410 · Johnston, IA 50131 · 515-278-2344

Name _____ Occupation _____

Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

E-mail _____ How long have you been a Johnston resident: _____

I am interested in serving on the following Board/Commission(s):

- | | |
|--|---|
| <input type="checkbox"/> Board of Adjustment – 5 year term | <input type="checkbox"/> Planning & Zoning Commission – 5 year term |
| <input type="checkbox"/> Board of Appeals – 5 year term | <input type="checkbox"/> Tree Board – 3 year term |
| <input type="checkbox"/> Comprehensive Plan Advisory Board – 3 year term | <input type="checkbox"/> Senior Citizens Advisory Board – 2 year term |
| <input type="checkbox"/> Library Board - 6 year term | State law requires gender balance, please indicate your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input type="checkbox"/> Park Advisory Board – 3 year term | |

List boards/commissions you have served on in Johnston or other community, including dates of service:

Other Civic Activities:

Describe why you are interested in serving on the Board/Commission. What goals and objectives do you have?

What knowledge and experience do you have that will be helpful in serving on the Board/Commission:

Please disclose any business or personal relationships that may be considered a conflict of interest, if selected to serve on a city board or commission:

Other comments and/or information:

Signature : _____ Date: _____

This application will be kept on file for one year. If you are not chosen to serve on the board/commission for which you applied, would you consider being contacted to serve on another board/commission?

Yes No If so, please list other interests: _____

THIS APPLICATION IS PUBLIC RECORD

FOR OFFICE USE

Date received: _____ Comments: _____