

**CITY OF GILBERT
APPLICATION FOR APPOINTMENT**

Board or Commission Applying for: _____

NAME: _____

ADDRESS: _____

CITY _____ MN ZIP: _____

NUMBER: Cell _____ Work _____ Home _____

E-Mail : _____

Number of years you have been a Gilbert Resident _____

Are you presently serving on a City of Gilbert Board or Commission? _____

If yes – Which One _____ Term _____

Have you served on a City of Gilbert Board or Commission in the past? _____

If yes – Which one? _____ Term _____

Which one? _____ Term _____

What experience or education do you possess that would enhance your effectiveness as a volunteer on a City of Gilbert board or commission?

What is motivating you to apply for this board or commission?

Signature: _____ Date _____