

APPLICATION FOR APPOINTMENT

TO BOARDS, COMMISSIONS AND COMMITTEES
ADVISING THE STORY COUNTY BOARD OF SUPERVISORS



NAME

ADDRESS

OCCUPATION

ADDRESS AT WORK

HOME/CELL PHONE

BUSINESS PHONE

EMAIL ADDRESS: _____

EDUCATION: _____

LIST NAMES OF BOARDS OR COMMISSIONS IN ORDER OF PREFERENCE:

1. _____

2. _____

3. _____

WHY DO YOU WISH TO SERVE ON THIS BOARD?

WHAT QUALIFICATIONS DO YOU FEEL YOU HAVE?

DO YOU HAVE ANYTHING ELSE TO ADD?

PLEASE SUBMIT COMPLETED APPLICATION TO: STORY COUNTY BOARD OF SUPERVISORS
STORY COUNTY ADMINISTRATION
900 6TH STREET
NEVADA, IOWA 50201

OR EMAIL TO: COUNTYNEWS@STORYCOUNTY.COM

THANK YOU FOR YOUR INTEREST IN SERVING STORY COUNTY.