Application Form for Fremont County Board/Commission

Please Return To:

Fremont County Board of Supervisors, P O Box 610, Sidney IA 51640

Phone: (712)374-2415 Fax: (712)374-4523 Website: fremontcountyia.gov

Application for:	(Board/Commission)					
Date:	Email address:					
Name:						
Address:						
Phone Number:	Fax Number:					
Business Phone:	Cell Phone:					
State law requires political s	s of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, ender by January 1, 2012, and each year thereafter.					
Female	_ Male					
Place of employmen	t and position (and/or activities such as hobbies, volunteer work, etc. that you					
feel may qualify you	for this position):					
The following question will a	assist the Board of Supervisors in its selection.					
How much time will	you be willing to devote in this position?					
	ent: Describe in detail why you are interested in serving on a county board or e information about your background that supports your interest.					
Contributions you fe	el you can make to the Board/Commission:					

Direction/Role	you perceive of this I	Board/Commission:			
In lieu of/in ad Supervisors in		o you have any commen	ts to add that	may assist the Board of	
Please provide	e two references who	may be contacted on yo	ur qualificatio	ns for this position.	
<u>Name</u>	<u>Address</u>	Phone Number	<u>Email</u>	<u>Relationship</u>	
l certify that th	nere is nothing that wo	ould prohibit me from se	rving on this t	poard or commission.	
Signature		Date			
	This applicat	ion will be retained in our f	iles for one yea	r	

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