

# CITY OF SYLVAN LAKE APPLICATION FOR BOARDS AND COMMISSIONS

Thank you for your interest in serving on an Advisory Board or Commission. The purpose of this form is to provide the Mayor and Council with basic information about persons being considered for appointment. This application will be kept on file for ONE YEAR. The file of completed applications is open for public inspection upon request.

Print Name \_\_\_\_\_  
Last
First

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business/Cell Phone# \_\_\_\_\_

Email address \_\_\_\_\_ Drivers License# \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Are you a registered voter in Sylvan Lake?          Yes \_\_\_\_\_      No \_\_\_\_\_

Educational Background: \_\_\_\_\_

Have you ever been arrested and convicted of a misdemeanor or felony? Yes    No    No  
 If yes, provide details \_\_\_\_\_  
 \_\_\_\_\_

Professional Qualifications and/or Work Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Community Activities and/or Work Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List two Advisory Board or Commissions for which you'd like to apply, in order of preference

1. \_\_\_\_\_          2. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_