

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
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 _____