CITY OF COON RAPIDS
ADVISORY COMMISSION APPLICATION FORM

(Please type or use black ink)

DATE: ____________________________

NAME:

ADDRESS: ____________________________________________________________________

ZIP: _________________________________________________________________________

HOME PHONE#: ___________________________________________________________________

WORK #: _______________________________________________________________________

CELL #: _______________________________________________________________________

EMAIL ADDRESS: ___________________________________________________________________

PLEASE RANK IN ORDER THE COMMISSIONS ON WHICH YOU WISH TO SERVE:
(leave blank any Commission on which you do not wish to serve)

_______ Arts .................................................. Housing/Community Development

_______ Board of Adjustment and Appeals ..........................................................

_______ Capital Improvement ...........................................................................

_______ Charter ...........................................................................

_______ Civil Service (Police & Fire) ......................................................

_______ Historical ...........................................................................

_______ Home Improvement Foundation ..........................................

_______ Parks and Recreation ..........................................................

_______ Planning ...........................................................................

_______ Safety ...........................................................................

_______ Sustainable Community (Green) ...........................................

A) WORK EXPERIENCE:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B) VOLUNTEER, CIVIC, PROFESSIONAL AND COMMUNITY ACTIVITIES:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

C) WHY DO YOU WANT TO BE ON AN ADVISORY COMMISSION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

G:\City Clerk\Commissions\Commissions Application.xlsx
D) WHAT SKILLS, STRENGTHS OR ABILITIES DO YOU BELIEVE YOU WILL ADD TO THE COMMISSION?


E) ADDITIONAL COMMENTS:


REFERENCES (Optional):

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
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TENNESSEN WARNING: The information provided by you on this application will be used to determine your suitability for appointment to an advisory commission. Participation as an advisory commission member is strictly voluntary and you are not required by law to provide this information. However, should you not furnish this information the City may have difficulty determining your suitability for appointment, contacting you regarding your information, and if selected, with your duties on the advisory commission. Under Minnesota State Statute 13.601, subd.3, the following information is considered public information before appointment: name, city of residence, education and training, employment history, volunteer work, awards and honors, prior government service, veteran status. Once an individual is appointed, the following additional items of data are considered public: residential address, telephone number, email address.

I have read and understand the Tenessen Warning and certify that the statements in this application are true and correct to the best of my knowledge:


Please return Application to:
City Manager's Office
City of Coon Rapids
11155 Robinson Dr NW
Coon Rapids, MN  55433-3761
Telephone: 763-767-6493