

CITY OF AFTON
APPLICATION FOR APPOINTMENT
TO A CITY COMMITTEE OR COMMISSION

DATE _____ PLEASE CHECK ONE: New Application Reappointment

NAME _____
ADDRESS _____ AFTON, MN 55001
(Please provide P O Box if applicable)
HOME PHONE _____ CELL _____ WORK _____
EMAIL ADDRESS _____
YEARS AS AFTON RESIDENT _____ WARD # _____

1) COMMITTEE OR COMMISSION YOU ARE APPLYING FOR?

2) CURRENT OR PREVIOUS PARTICIPATION ON AFTON CITY OR CIVIC COMMITTEES,
COMMISSIONS, PROJECTS:

3) OTHER CITIZEN, PROFESSIONAL, OR POLITICAL EXPERIENCE WHICH YOU BELIEVE IS
RELEVANT TO APPLYING FOR THIS COMMISSION?

4) WHAT DO YOU SEE AS THE CRITICAL OBLIGATION FOR A MEMBER OF THIS
COMMITTEE/COMMISSION?

(Please attach additional sheets if more space is needed to comment further regarding your interest qualifications for this appointment.)

*****Please submit your application to ****
City of Afton
PO Box 219
Afton, MN 55001
Or email to jyoho@ci.afton.mn.us