

BOARD/COMMISSION APPLICATION FORM FOR CLAYTON COUNTY

Return To:

Clayton County Board of Supervisors
C/O Clayton County Auditor
111 High St NE – Suite 102
Elkader, IA 52043

Phone: (563) 245-1106
Fax: (563) 245-2353
E-Mail: auditor@claytoncountya.gov
Website: www.claytoncountya.gov

Name: _____ E-mail: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Regular attendance at scheduled board/commission meetings is expected of all appointed members. Members who miss multiple meetings may be removed from the board/commission unless extenuating circumstances can be demonstrated.

Check which Boards/Commissions you are interested in applying for:

- ☐ Board of Health
- ☐ Civil Service Commission
- ☐ Compensation Board
- ☐ Conservation Board
- ☐ DHS Advisory Board
- ☐ Eminent Domain Condemnation Compensation Commission
- ☐ Historical Preservation Commission
- ☐ Judicial Magistrate Appointing Commission
- ☐ Pioneer Cemetery Commission
- ☐ Planning and Zoning Commission
- ☐ Township Clerk of _____ Township
- ☐ Township Trustee of _____ Township
- ☐ Upper Explorerland Regional Enhancement Committee
- ☐ Upper Explorerland Regional Housing Authority Board
- ☐ Upper Explorerland Regional Planning Commission
- ☐ Upper Explorerland Regional Revolving Loan Board
- ☐ Veterans' Affairs Commission
- ☐ Zoning Board of Adjustment

Place of employment and position (and/or activities that you feel may qualify you for this position). If retired state that:

How much time will you be willing to devote in this position? Meetings are normally held at night and vary in their frequency.

Describe why you are interested in serving on a county board or commission.

Contributions you feel you can make to the Board/Commission:

Direction/role you perceive of this Board/Commission:

Do you have any comments to add that may assist the Board of Supervisors in its selection?

Please provide at least two references who may be contacted on your qualifications for this position.

Name	Address	Phone	Email
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I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature: _____ Date: _____

**YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR THREE YEARS. THIS APPLICATION IS A PUBLIC DOCUMENT
AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.**