

# 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: auditoroffice@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.

This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards and commissions according to gender by January 1, 2012, and each year thereafter. Please select your gender:  Female  Male

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
- 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:

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

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

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

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Direction/role you perceive of this Board/Commission:

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

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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.**