APPLICATION FORM FOR POCAHONTAS COUNTY BOARD/COMMISSION

Please Return To:

Pocahontas County Auditor, 99 Court Square, Suite 7, Pocahontas, IA 50574
Phone: 712-335-3361 Fax: 712-335-4502

Application For:	(Board/Commission)
Name	
Address	
Phone Number	
Business Phone	
This form assists the Pocahontas County Board of Supervise appointment to a board or commission. State law requires	
FemaleMale	
Place of employment and position (and/or activities such a for this position):	s hobbies, volunteer work, ect. that you feel may qualify you
	<u> </u>
The following questions will assist the Board of Supervisors	s in its selection.
How much time will you be willing to devote in this position	n?
	terested in serving on a county board or commission. Include

	Board/Commission:
Direction/role you perceive of this Board/Co	ommission:
-	
In Lieu of/in addition to the above, do you be selection?	have any comments to add that may assist the Board of Supervisors in its
Please provide two references who may be	contacted concerning your qualification for this position
Name	
	Cell Number
E-mail Address	
Name	
Address	
	Cell Number
E-mail Address	
I certify that there is nothing that would pro	phibit me from serving on this board or commission.
Signature	Date

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH MAY BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.