## APPLICATION FORM FOR ADAIR COUNTY BOARD/COMMISSION

Please Return To:

Adair County Board of Supervisors, 400 Public Square, Ste 5 Phone: (641) 745-2546 Fax: (641) 745-2565

Application For:	(Board/Commission)				
Date E-mail Address					
Name					
Address					
Phone Number	Fax Number				
Business Phone	Cell Phone				
	luating the qualifications of applicants for appointment to a board or commission. State law requires to balance most appointive boards, commissions, committees, and councils according to gender by				
	(and/or activities such as hobbies, volunteer work, etc. that you feel				
may qualify you for this position):					
The following questions will assist	the Board of Supervisors in its selection.				
How much time will you be willi	· ·				
	be in detail why you are interested in serving on a county board or about your background that supports your interest.				
Contributions you feel you can n	nake to the Board/Commission:				

Direction/role you perceive of this Board/Commission:						
In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?						
Please p	Address	Phone number	on your qualifications Email address	for this position.  Relationship		
I certify tha	t there is nothing that	would prohibit me from serving	g on this board or commiss	sion.		
Signature	· <u></u>	Da	te			

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