

City Volunteer Form for Boards, Commissions and Committees

Name: Patrick Blatchford

Phone: [REDACTED]

Alternate Phone: [REDACTED]

Email: [REDACTED]

Home Address: [REDACTED]

Employment: Self employed

Job Title: owner / General and consult

Years Lived in Arkansas City: surgeons

Community and Professional Activities/ Associations/ Honors/ Organizations:

Fellow American College of Surgeons
American Foregut Society
SAGES

40 yrs

Previous Civic Experience (please list any appointed or elected positions you have held in the past):

South Central Kansas Regional Trauma Committee Chair
Chief of Staff South Central Kansas Medical Center
Medical Director Ark City Fire and EMS

Appointment(s) you are applying for [please indicate all of your choice(s) – when a vacancy occurs, you will be contacted; also, please note you may serve on only two (2) of these boards at one time]:

<input type="checkbox"/> ACPL (Public Library) Board of Trustees	<input type="checkbox"/> Northwest Community Center Board
<input type="checkbox"/> Beautification and Tree Advisory Board	<input type="checkbox"/> Outstanding Student Award Committee
<input type="checkbox"/> Building Trades Board*	<input checked="" type="checkbox"/> Planning Commission / Board of Zoning
<input type="checkbox"/> Capital Improvement Planning Committee	<input type="checkbox"/> Public Building Commission
<input type="checkbox"/> City Commission (only if vacancy occurs)	<input type="checkbox"/> Recreation Commission
<input type="checkbox"/> Community Spirit Award Committee	<input type="checkbox"/> SCKMC (Hospital) Board of Trustees
<input type="checkbox"/> Equal Opportunity & Accessibility Board	<input type="checkbox"/> Traffic Safety Committee
<input type="checkbox"/> Historic Preservation Board	<input type="checkbox"/> Visit Ark City Board of Trustees

*Professional certifications required – call (620) 441-4415 or (620) 441-4420 for more information!

Please indicate why you are interested in serving and what skills you might contribute:

Business owner, Locally, I feel my input could
better our community and access to quality health
care.

Signature: [Signature]

Date: 8/10/22

~~~Applicants must be appointed by the Mayor with the consent of the City Commission~~~

Mail or Deliver to:  
Lesley Shook, City Clerk OR Andrew Lawson, Public Information Officer  
City of Arkansas City  
118 W. Central Ave.  
Arkansas City, KS 67005

Or you can email this form to: [lshook@arkansascityks.gov](mailto:lshook@arkansascityks.gov) or [alawson@arkansascityks.gov](mailto:alawson@arkansascityks.gov)