

APPLICATION FOR CITY BOARDS AND COMMISSIONS

Return to: City Administration Office 420 N. Pokegama Avenue Grand Rapids, MN 55744 218-326-7600

Personal Information:

Name: Julee Jackson	Date: 05/30/2024
Address: Grand Rap	Day Phone:
Employer: Grace House, Itasca Area Hom	eless Evening Phone:
Occupation: Outreach Coordinator	E-Mail
Please rank in order the Boards/Commissions on which you would like to serve (leave blank any on which you do not wish to serve):	
Arts & Culture Commission	Civic Center Advisory Board
Economic Development Authority	Planning Commission
Golf Course Board	Police Community Advisory Board
Human Rights Commission Library Board	Public Utilities Commission
Do you have special qualifications that you feel would help you be particularly effective on a City Board or Commission? (i.e. work experience, volunteer experience, education, hobbies, etc?) Six years of experience working in human services (mental health, victim services, homelessness, individuals with disabilities). UMD alumna and currently attending Walden (Masters of Counseling). How did you become interested in serving on a Board or Commission? Attending the City Governance Academy sparked my interest and ideas on ways to get involved.	
Are you related to any City employee or elected official? YES NO	
Are you a Resident or Non-Resident?	

Do you own property or own a business within the Grand Rapids city limits? YES NO ✓ If yes, please explain:	
Data Authorization:	
If appointed, I,, authorize the City of Grand Rapids to release the following private data upon request made to the City (check all that apply).	
Home Phone #	
Work Phone#	
Cell Phone #	
I also authorize the City of Grand Rapids to release such authorized private data referenced above to members of the general public, City staff, Mayor and City Council members upon request for such data. The person(s) receiving such private data must use it only for lawful purposes.	
This authorization shall be modified or cancelled only upon written notice to the City Clerk, City of Grand Rapids.	
I agree to inform the City Clerk's office of any change indicated above.	
I agree to relinquish and waive all claims that may arise against the City, its agents or employees for releasing any and all authorized data referenced above relating to this agreement.	
I,	
5/30/24 July Jarkson	
Date Signature	