



2020 Complete Count Committee Application

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Email Address _____

Work Experience: _____

Education: _____

Civic and Volunteer Activities (Past and Present): _____

Please state your reasons for wanting to serve on this Commission: _____

What is your view of the role of the Commission? _____

Other Comments: _____

(Use this space to include any further information you would like the City Council to consider, or that you feel is relevant to the appointment you are seeking. You may also attach other materials you would like the Council to consider.)

By signing this document below, you agree and acknowledge that;

1. You understand that this appointment may be discussed at a public meeting.
2. Volunteer commission member's name, address and phone number will become public information. Our standard practices when filling positions on a city commission is to have prospective candidates meet with the City Council. The interview process is an opportunity for the council to get to know more about a candidate and their reasons for wanting to be on a particular commission. It is also a time for the candidate to ask questions, to understand more of what the position entails, and discuss expectations.

Signature

Date

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FAX (507) 537-6830
kyle.box@ci.marshall.mn.us