



APPLICATION BOARD/COMMISSION MEMBER

These questions are designed to obtain information about your experience and interest in civic activities. You may return your application by mail, email or fax. **Mail to:** Administrator, Clerk/Treasurer's Office, 1301 81st Avenue NE, Spring Lake Park, MN 55432; **E-Mail to:** jgooden@slpmn.org; or **Fax to** (763) 792-7257. Your application will remain on file for six months. If you have questions, please call the Administrator, Clerk/Treasurer's Office at (763) 784-6491. **Thank you for your interest!**

Name: Nemeh Al-Sarraj Adult (18+) Student (under 18)
Address: 8025 McKinley St. NE, Spring Lake Park, MN **Zip:** 55432
Home #: N/A **Cell #:** 7635166065
Email: nmj.srrj@hotmail.com **Work #:** N/A

Length of residence in Spring Lake Park (in years) 20.5 May we call you at work? Yes No

I am interested in serving on the following commission:

(If you have an interest in more than one commission, you may rank your choices)

- Planning and Zoning Commission
- Parks and Recreation Commission

Community, Civic or Volunteer Experience:

Autism Advocate 2011-2019: Consisted of giving presentations on autism and disability rights, organizing events for families of children with disabilities and organizing community events on autism and disability rights

Teachers Volunteer at Various Schools 2011-March 2020

Interests and Hobbies: _____
I am very passionate about disability rights. I enjoy walking in park trails. I am passionate about building strong community relations.,

Occupation and Work Experience (you may attach a resume if desired): _____
I have worked as a personal care assistant (PCA) for 11 years and counting.

Please complete other side of application

Educational Background/Training: _____
Bachelor of Human Services in Disabilities Studies from Metropolitan State University. I have also
completed Adult Mental Health First Aid and Youth Mental Health First Aid Trainings

What skills or personal qualities do you possess that would make you valuable as a board or
commission member? _____
I am a hard worker who values strong community relations. I am also able to hear different perspectives
on a particular topic and see the bigger picture instead of focusing on small details.

Why are you interested in volunteering? _____
It is important for all backgrounds and groups to be represented in city committees and government. I
would be a representativ
~~e of those with disabilities and the Muslim residents in our city. Having lived in this city for 20 years (21 in~~
~~January), I ha~~
ve a strong connection to this city and would like to keep it one that all residents can be proud of


Conflicts of Interest

No commissioner shall: (1) Enter into any contract with the city unless otherwise authorized by
law. (2) Use their position to secure any special privilege or exemption for themselves or others.
(3) Use their office or otherwise act in any manner which would give the appearance of or result
in any impropriety or conflict of interest.

IMPORTANT INFORMATION CONCERNING YOUR APPLICATION

DATA PRIVACY NOTICE: Minnesota law requires that you be informed of the purposes and
intended uses of the information you are providing on this application. Pursuant to Minnesota
Statutes Section 13.601, your name, city of residence, employment history, volunteer work,
awards and honors are public data and is available to anyone who requests the information. The
data that you give us about yourself is also needed to identify you and assist in determining your
suitability for the commission(s) for which you are applying. This data is not legally required,
but refusal to supply the information requested may affect the City Council's ability to evaluate
your application. Should you be appointed to serve on a board or commission, pursuant to
Minnesota Statutes Section 13.601, your residential address and either a telephone number or
electronic mail address (or both) where you can be reached also become public information.

*I have read and understand the data privacy information given above and authorize
investigation of all statements contained in this application as may be necessary to arrive at an
appointment decision. I certify that all answers given here are true, and I understand that any
false information on or omission of information from this application will be cause for rejection
of this application.*



Applicant signature (electronic) 11/14/2020

Date