Please return application to:
Sara Peer
Executive Administrative Assistant
City of Cannon Falls
918 River Road
Cannon Falls, MN 55009
507-263-9300: Phone
507-263-5843: Fax

BOARDS & COMMISSIONS APPLICATION

Please indicate by order	which of the following y	ou are interested in (1,	2,3, etc.):	
Planning Commission Economic Developr Charter Commission Ad Hoc Task Force	ment Authority n	Park Board Downtown Advis Police Advisory Cable Commissi	Commission	
We welcome you as an a Cannon Falls are eligible Council. Please complete	for nomination to any o	of the City's advisory bo	ards as establishe	ed by the City
DATA PRACTICES ADV We are required to provide address are public inform commission, the following experience, work location requested below is classiful determining whether you appointments and the City provided to the City Countinformation may result in any of the requested information.	le the following information, which must be proposed information will also be a work telephone numbed as private. This infolls should be appointed to y Council confirms thos your not being consider	rovided to anyone who e public: education and ober, and any expense formation will be used by a board or commission a popointments. There is will be reviewed in pured for an appointment.	requests it. If app training backgrou reimbursement. The Mayor and Control The Mayor reco fore, all of the info blic. Failure to pro-	pointed to a board or und, previous work The other information City Council in ommends ormation will be ovide the requested
PERSONAL INFORMAT	ION			, .
Name			<u> </u>	
Address			Zip Code _	
Phone (H)	(B)		(FAX)	
E-mail				
How long have you been	a resident of Cannon F			
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Are you or any of your family members presently employed by the City of Cannon Falls or serving on any of the City's advisory boards?

Yes No If yes, explain:
EXPERIENCE AND EDUCATION
Name of Employer:
Occupation:
Education:
Community Service/Activities:
Please list major responsibilities that you have had or currently have in a community project or organization or in your occupation:
Civic/Professional Organization Memberships:
ADDITIONAL INFORMATION
Please indicate why you are interested in being appointed to an advisory board, and why you feel you are qualified to serve on the advisory board(s) previously indicated.
What do you believe you could contribute if appointed to an advisory board?
How do you believe you would benefit if appointed to a board or commission?

I am NOT available for board or commission meetings on the following evenings (circle):								
	Monday	Tuesday	Wednesday	Thursday	Friday			
CONFLIC	CT OF INTER	EST						
Conflict of interest may arise by the participation in any activity, recommended action, or decision from which you receive or could potentially receive direct or indirect personal financial gain. In accordance with this definition, do you have any legal or equitable interest in any business, however organized, which in the course of your participation in a city advisory board could give rise to a conflict of interest?								
Yes No If yes, please provide details on a <u>separate sheet of paper</u> .								
Do you own any real property located in Cannon Falls, other than your residence, in which you have a legal or equitable interest which, in the course of your participation in a city advisory board, could give rise to a conflict of interest?								
Yes No If yes, please provide details on a <u>separate sheet of paper</u> .								
As a board or commission member, what issue(s) might cause conflict between civic responsibility and personal/professional interests?								
You may attach a resume if you desire. The selection process will vary according to the number of applicants and vacancies, and may include an interview.								
Thank you for your interest in serving on an advisory board for the City of Cannon Falls.								
Date:				Signature				