Thank you for your interest in serving on one of the City's boards/commissions. Volunteers like you are essential to ensuring that your City government is responsive to the needs of the community. Feel free to attach a resume.

Name: ________________________________________________________________________

Address: _____________________________________________________________________

Daytime Telephone Number: _____________________________________________________

Evening Telephone Number: _____________________________________________________

E-Mail Address: __________________________________________________________________

☐ I would like to serve on the ____________________________________ board/commission.  
(Feel free to name more than one.)

Education
☐ High School Degree
☐ Undergraduate College Degree in ______________________________________________
☐ Advanced College Degree in ____________________________________________________
☐ Other ______________________________________________________________________

Current Employment
Position: _____________________________________________________________________

Business: _____________________________________________________________________

Address: _____________________________________________________________________

Other Civic and Volunteer Experience: _____________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Why do you want to serve on this board/commission? __________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

What knowledge or skills do you possess that you feel will assist you in serving on this board/commission?

_____________________________________________________________________________
Please explain any business or property interests, which might appear to be a conflict of interest situation, should you be appointed to this board/commission?

Are you related to any current member of the Board of Alderman?

I understand that my attendance at all regularly scheduled meetings is critical even if I am an alternate member and that the Board of Aldermen may appoint a replacement for members who are chronically absent from regular meetings. I also understand that this application is considered a public record.

Applicant’s Signature

Date

Please Return Application to:
City of Lone Jack
207 N. Bynum
Lone Jack, MO 64070

816-697-2503 x3
816-697-1808 fax