

CITY OF CUDAHY
VOLUNTEER APPOINTMENT APPLICATION

The City of Cudahy welcomes residents interested in serving on our Boards, Commissions or Committees. If you would like to contribute your skills, talents and time on behalf of our community, please complete and return this application.

I would like to be appointed to:

(Please list first, second and third choices)

- | | |
|---|---|
| <input type="checkbox"/> BOARD OF HEALTH | <input type="checkbox"/> PLAN COMMISSION |
| <input type="checkbox"/> BOARD OF PUBLIC WORKS | <input type="checkbox"/> POLICE & FIRE COMMISSION |
| <input type="checkbox"/> BOARD OF REVIEW | <input type="checkbox"/> PROPERTY MAINT APPLS BRD |
| <input type="checkbox"/> COMMUNITY DEV AUTHORITY | <input type="checkbox"/> RULES, LAWS & LICENSE |
| <input type="checkbox"/> CELEBRATIONS COMMITTEE | <input type="checkbox"/> TOURISM COMMITTEE |
| <input type="checkbox"/> CIVIL SERVICE COMMISSION | <input type="checkbox"/> TRAFFIC & SAFETY COMMITTEE |
| <input type="checkbox"/> DESIGN REVIEW BOARD | <input type="checkbox"/> WATER UTILITY COMMITTEE |
| <input type="checkbox"/> LIBRARY BOARD | <input type="checkbox"/> ZONING BOARD OF APPEALS |
| <input type="checkbox"/> FINANCE COMMITTEE | |

NAME: _____

HOME ADDRESS _____

HOME PHONE _____ OFFICE PHONE _____

E-MAIL ADDRESS _____

OCCUPATION _____

HOW LONG HAVE YOU BEEN A CITY RESIDENT? _____

ARE YOU FAMILIAR WITH THE RESPONSIBILITIES OF THE SPECIFIC BOARD?

YES _____ NO _____

HAVE YOU OBSERVED ANY MEETINGS OF THIS BOARD? _____

PLEASE INDICATE ANY PUBLIC OR APPOINTIVE OFFICE HELD: _____

WOULD YOU HAVE ANY POTENTIAL CONFLICT OF INTEREST? YES _____ NO _____

IF YES,

DESCRIBE: _____

I AGREE TO ADHERE TO THE CITY CODE OF ETHICS. YES _____ NO _____

DESCRIBE BRIEFLY YOUR EDUCATION AND ANY WORK EXPERIENCE OR OTHER ACTIVE WHICH IN YOUR OPINION WOULD BE BENEFICIAL IN CARRYING OUT THE RESPONSIBILITIES OF THIS

OFFICE: _____

IF APPOINTED TO THIS OFFICE, ARE THERE ANY OTHER ACTIVITIES IN WHICH YOU ARE NOW ENGAGED WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE UPON THE DUTIES REQUIRED? IF SO, TO WHAT EXTENT?

IF APPOINTED I WILL MAKE EVERY EFFORT TO ATTEND ALL MEETINGS OF THE GROUP: _____

SIGNATURE: _____

DATE: _____

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Please return form to:

City of Cudahy
Attn: Mayor Thomas Pavlic (thomasp@ci.cudahy.wi.us)
5050 S. Lake Drive
PO Box 100510
Cudahy, WI 53110
