

CITY OF NEVADA, IOWA
 1209 SIXTH STREET
 PHONE: 382-5466 FAX: 382-4502
 BOARD/COMMISSION MEMBER APPLICATION

NAME: _____ OTHER NAMES USED: _____
 First, Middle, Last

ADDRESS: _____ EMAIL: _____

PHONE # HOME: _____ WORK: _____ CELL: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

Please indicate your areas of interest by prioritizing them, with 1 being the highest interest, etc.

CHOICE	NAME OF BOARD	CURRENT MEETING TIMES
_____	Board of Appeals	As needed
_____	Parks and Recreation Board	3 rd Wednesday 5:15 p.m.
_____	Planning and Zoning Commission	1 st Monday 6:15 p.m.
_____	Gates Hall Board	As needed
_____	Board of Adjustment (as called)	2 nd Tuesday 10:00 a.m.
_____	Library Board	3 rd Monday 5:00 p.m.
_____	Historic Preservation Commission	As needed
_____	Nevada Senior Community Center Commission	As needed 8:30 a.m.
_____	Re-Development Incentive Fund Committee	As needed
_____	City Council Member	2 nd and 4 th Mondays 6:00 p.m.
_____	Community Betterment Committee	As needed

Boards meet on a monthly basis and are occasionally called in for special meetings or work sessions, please note if this would cause a problem and/or what times do not work for you?

Please explain why you feel qualified to serve the City of Nevada as a member of this board.

If appointed to this board, what would be some of your goals and objectives in helping this board move forward?

If you have any other comments you would like to share regarding your application or about yourself, please use the back of this page.

If there is no opening for a position on your board of choice, would you be interested in being considered in the future. (Circle One) Yes No

**A Background check will be required before an appointment is made. Any results from such background check may be subject to open records law.*