

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ E MAIL ADDRESS: \_\_\_\_\_

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

<u>CHOICE</u>	<u>NAME OF BOARD</u>	<u>CURRENT MEETING TIMES</u>	
_____	Parks/Recreation/Cemetery Board	3 <sup>rd</sup> Wednesday	5:15 p.m.
_____	Planning and Zoning Commission	1 <sup>st</sup> Monday	6:15 p.m.
_____	Board of Adjustment (as called)	2 <sup>nd</sup> Tuesday	10:00 a.m.
_____	Library Board	3 <sup>rd</sup> Monday	5:00 p.m.
_____	Historic Preservation Commission	As needed	
_____	Nevada Senior Community Center Board	As needed	8:30 a.m.
_____	City Council Member (when vacancy)	2 <sup>nd</sup> and 4 <sup>th</sup> Mondays	6:00 p.m.
_____	Any Various 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