



## Application to Serve on Advisory Board

Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Desired Area of Service:      Recreation Advisory Board

Arts and Performing Arts Advisory Board

Specific Area of Interest or Expertise: \_\_\_\_\_

Desired Length of Service:      1 Year

2 Years

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_