

APPLICATION FOR CLAY COUNTY VETERAN AFFAIRS COMMISSION

Please return to:

Clay County Veteran Affairs Director
P O Box 7922, (Location 337 10th St SW) Spencer, IA 51301-7922

Phone: 712-262-5547

Email: dsheasley@co.clay.ia.us

Application For: Clay County Veterans Affairs Commissioner

Date _____

E-mail Address _____

Name _____

Address _____

Phone number _____ Cell Phone _____ Work Phone _____

This form assist the Clay County Veteran Affairs Commission/Board of Supervisors in evaluating the qualifications of the applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committee, and councils according to gender by January 1, 2012 and each year thereafter. **Female** ___ **Male** ___

Place of employment and position (and/or activities such as volunteer work, hobbies, etc. That you feel may qualify you for this position):

How much time will you be willing to devote in this position?

Interest in Appointment: Describe in detail why you are interested in serving on the commission. Include background that supports your interest.

Contributions you feel you can make to the Commission:

Direction/role you perceive of this Commission:

In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Commission/Supervisors in its selection?

Please provide two references who may be contacted on your qualifications for this position:

Name _____

Name _____

Address _____

Address _____

Phone # _____ **cell #** _____

Phone # _____ **cell #** _____

Email address _____

Email address _____

Relationship _____

Relationship _____

I certify that there is nothing that would prohibit me from serving on this Commission.

Signature _____

Date _____

**YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED
FOR THE PUBLIC.**