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CITY OF SYLVAN LAKE
APPLICATION FOR BOARDS AND COMMISSIONS

Thank you for your interest in serving on an Advisory Board or Commission. The purpose of this form is to provide the Mayor and Council with basic information about persons being considered for appointment. This application will be kept on file for ONE YEAR. The file of completed applications is open for public inspection upon request.

Print Name_____
Last First

Street Address_____Date of Birth_____

Home Phone #_____Business/Cell Phone#_____

Email address_____ Drivers License#_____

Employer:_____Address:_____

Are you a registered voter in Sylvan Lake? Yes_____ No_____

Educational Background:_____

Have you ever been arrested and convicted of a misdemeanor or felony? Yes No
If yes, provide details_____

_____

Professional Qualifications and/or Work Experience:_____

_____

_____

Community Activities and/or Work Experience:_____

_____

_____

List two Advisory Board or Commissions for which you'd like to apply, in order of preference

1._____ 2._____

_____ _____
Signature Date