



8930 N Government Way Hayden, Idaho 83835

## INTEREST FORM FOR APPOINTED VOLUNTEER COMMISSION/COMMITTEE POSITIONS

<i>The City of Hayden considers all candidates without regard to race, religion, color, sex, age, national origin or disability.</i>	
<b>PERSONAL INFORMATION</b>	
Name: (Last, First, MI)	Residence Address: Street: _____ City: _____ State: _____ ZIP _____
Home Telephone Number:	Mailing Address: (If different) Street: _____ City: _____ State: _____ ZIP _____
Work or Cell Number:	City: _____ State: _____ ZIP _____
Current Commission/Committee Position (if applicable):	Email Address:
City of Hayden Resident? ___ Yes ___ No If yes, how many years? _____	Kootenai County Resident? ___ Yes ___ No If yes, how many years? _____
If you are not a City of Hayden resident, do you reside in the City's Area of Impact? ___ Yes ___ No If you checked yes, how many years have you resided there? _____	
<p>I would be willing to serve in the following appointed position(s): [Please check all that apply.]</p> <ul style="list-style-type: none"> <li><input type="radio"/> ARTS COMMISSION</li> <li><input type="radio"/> HISTORIC PRESERVATION COMMISSION</li> <li><input type="radio"/> PARKS, RECREATION &amp; COMMUNITY FORESTRY COMMISSION</li> <li><input type="radio"/> PLANNING &amp; ZONING COMMISSION</li> <li><input type="radio"/> VETERANS COMMISSION</li> <li><input type="radio"/> OTHER SPECIAL COMMITTEES (Please list) _____</li> </ul>	
List current government or associated government positions you hold or have held:	
List all current or past Hayden community involvement (i.e. Food Bank, Kiwanis, Chamber of Commerce):	



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**Volunteer Interest Form – Page 2**

Name (Last, First)

What direction or experience would you be able to contribute to this position?

Do you anticipate any conflict of interest in any finding which you might be required to make as a member of this commission or committee?

Why do you want to be considered for placement on this commission or committee?

Attach additional pages if you require more space for any section.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS APPLICATION WILL BE HELD FOR ONE YEAR**

**For internal use only:** Appointed to \_\_\_\_\_ Date \_\_\_\_\_

Approved by Council on \_\_\_\_\_