

# BLOOMINGTON. TOMORROW. TOGETHER.

## STRATEGIC PLANNING TEAM MEMBER APPLICATION



### GENERAL INFORMATION

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

### APPOINTMENT PREFERENCE

I am interested in serving on the following team or teams for the strategic planning process. (If interested in more than one area, please indicate your first, second and third choice.)

#### **CORE PLANNING TEAM (CREATES A LONG-TERM VISION AND STRATEGIC PLAN FOR THE CITY OF BLOOMINGTON.)**

- 1st choice
- 2nd choice
- 3rd choice

#### **MEASUREMENT TEAM (DEVELOPS TOOLS FOR MONITORING PROGRESS ON THE STRATEGIC PLAN.)**

- 1st choice
- 2nd choice
- 3rd choice

#### **ACTION TEAM (CONSTRUCTS A PLAN OF ACTION FOR PUTTING THE STRATEGIC PLAN INTO MOTION.)**

- 1st choice
- 2nd choice
- 3rd choice

### RACE/ETHNICITY

Please select your race/ethnicity (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Latino/Latina/Latinx
- Native Hawaiian or other Pacific Islander
- White
- A race or ethnicity not listed here
- Prefer not to say

**PREFERRED GENDER PRONOUNS**

Please select your preferred gender pronouns

- She, her, hers
- He, him, his
- They, them, theirs
- I use pronouns not listed here
- Prefer not to say

**AGE**

- 19 and under
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 to 79
- 80 and above
- Prefer not to say

**DO YOU RENT OR OWN YOUR HOME?**

- Rent
- Own
- Other

**TELL US MORE ABOUT YOURSELF**

Briefly tell us why you are interested in participating in the City’s strategic planning process.

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How do you see yourself contributing to the strategic planning process given your unique knowledge, skills and abilities?

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How would you describe yourself in 10 words or less?

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How are you involved in your community?

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What is your vision for the future of Bloomington?

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**SIGNATURE:**

I agree that by entering my name into the box below and then clicking the "Submit" button on this form, I am providing an electronic signature with the legal standing of a handwritten signature. My signature serves to attest that the responses I have supplied via this form are truthful, accurate and complete.

I understand that City staff may take video and photos of City-sponsored activities. By signing this application, I waive any objection to the City using my image in its promotional materials. If I wish to object to the use of my image, I will make my request known to the City of Bloomington in writing.

Sign by Entering Your Name Here \*

**TENNESSEN WARNING**

*The data supplied on this form will be used to process your application for a City of Bloomington strategic planning team. Per Minnesota Statutes, including section 13.47, the requested data is private. It is available to you, as well as the City of Bloomington staff and volunteers who need this information to perform their duties. It is not available to the public. Data may also be shared as required by law. You are not legally required to provide this data, but without it the City of Bloomington staff may not be able to select you to participate in the program, and/or you may not receive updated information. The data is needed to distinguish the application from others.*

**NONDISCRIMINATION AND ACCOMMODATION COMMITMENTS**

*The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities. Upon request, this information can be provided in Braille, large print, audio tape and/or electronic format.*

**PLEASE SUBMIT APPLICATION NO LATER THAN SEPTEMBER 30, 2021 TO:**

Sharon Williams  
City of Bloomington  
1800 W. Old Shakopee Rd.  
Bloomington, MN 55431