



Advisory Board/Commission MEMBERSHIP APPLICATION

DATA PRIVACY NOTICE: Your name, current volunteer position and previous work history is public data under the Minnesota Data Practices Act. It is available to anyone who requests the information. This data is not legally required but the City will not be

able to present information to the City Council without it. The data is needed to distinguish this application from others and to properly exercise the City Council's right to appoint members to advisory boards and commissions.

Please send the completed form to the City Manager's Office at the address below.

Name	Email Address
Address Zip	Primary/Alternate Phone

BOARD/COMMISSION Please select one or more board or commissions.

- | | | |
|--|--|--|
| <input type="checkbox"/> Advisory Board of Health | <input type="checkbox"/> Human Rights Commission | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Charter Commission | <input type="checkbox"/> Board of Review | <input type="checkbox"/> Port Authority Board |
| <input type="checkbox"/> Creative Placemaking Commission | <input type="checkbox"/> Merit Board | <input type="checkbox"/> Sustainability Commission |
| <input type="checkbox"/> Housing and Redevelopment Authority | <input type="checkbox"/> Parks, Arts and Recreation Commission | |

What background and/or experience (i.e. professional, community, volunteerism, etc.) do you provide in serving on the Board/Commissions of your interest? (May attach resume)

Why do you want to serve on the Board/Commission in which you have interest?

Optional Information

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Youth (age 16-23) | <input type="checkbox"/> Other _____ |

Applicant Signature _____ Date _____
 Under 18 Parent/Guardian _____ Date _____

Please send the completed form to the City Manager's Office at the address below.

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.

The City of Bloomington does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status or status with regard to public assistance in employment or the provision of services. Upon request, this information can be available in Braille, large print, audio tape and/or computer disk.