

APPLICATION FORM FOR \_\_\_\_\_ COUNTY BOARD/COMMISSION

Please Return To:

Benton County Board of Supervisors  
c/o Jill Marlow, Benton County Auditor  
P.O. Box 549  
111 E. 4<sup>th</sup> St.,  
Vinton, IA 52349

Phone: (319) 472-2365 Fax: (319) 472-3692 e-mail: [bcauditor@co.benton.ia.us](mailto:bcauditor@co.benton.ia.us)

Application For: \_\_\_\_\_ (Board/Commission)

Date \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Regular attendance at scheduled Board/Commission meetings is expected of all appointed members. Members who miss more than three or 25% of regularly scheduled meetings in a 12-month period may be removed from the Board/Commission unless extenuating circumstances can be demonstrated.**

This form assists the Board of Supervisors in evaluating the qualifications of 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, committees, 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 hobbies, volunteer work, etc. that you feel may qualify you for this position):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following questions will assist the Board of Supervisors in its selection.**

■ **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 a county board or commission. Include information about your background that supports your interest.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ **Contributions you feel you can make to the Board/Commission:**

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■ **Direction/role you perceive of this Board/Commission:**

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

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■ **Please provide two references that may be contacted about your qualifications for this position.**

Name	Address	Phone number	Email address	Relationship
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I certify that there is nothing that would prohibit me from serving on this board or 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.***

In accordance with state and federal laws, Benton County does not discriminate on the basis of age, sex, race, religion, color, national origin, marital status, gender identity, sexual orientation or disability in appointment, employment or the provision of services.