

Date: _____

Town of Munster **Application for Boards & Commissions**

Name _____		
(Last)	(First)	(MI)
Address _____		Marital Status _____
Phone H (____) _____	W (____) _____	
E-mail address _____	Years as a Munster resident _____	Registered Voter? _____
Occupation, Employer _____		
Duration _____	Brief Job Description _____	

PLEASE INDICATE YOUR PREFERENCES IN NUMERICAL ORDER

- | | |
|--|--|
| ____ Plan Commission* | ____ Munster Civic Foundation |
| ____ Board of Parks & Recreation* | ____ Hammond Sanitary District Board |
| ____ Board of Safety* | ____ Hammond San. Dist. Technical Review Committee |
| ____ Board of Zoning Appeals | ____ Nominating Committee* |
| ____ Economic Development Commission | ____ South Shore Convention and Visitors Authority |
| ____ RDA Transit Dvlpmnt. Dist. Steering Committee | ____ Redevelopment Authority |

Political affiliation must be declared to maintain balance on boards and commissions indicated by asterisk (*). Pursuant to Indiana Code 36-1-8-10b, state your political affiliation in the most recent primary election in which you voted. If you never voted in a primary election, state the party with which you align yourself.

Political affiliation, if applicable _____

EDUCATIONAL EXPERIENCE		
<i>School and Location</i>	<i>Years</i>	<i>Diplomas, Degrees, Activities</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR WORK EXPERIENCE, OTHER TRAINING OR SPECIAL SKILLS

<i>Nature of Work of Experience</i>	<i>Where Obtained</i>	<i>When</i>	<i>Duration</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL, GOVERNMENTAL AND COMMUNITY ACTIVITIES

<i>Activity/Organization</i>	<i>Duties Performed</i>	<i>Duration</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check this box if you completed a "Conflict of Interest Disclosure Statement" and forwarded same to the Clerk-Treasurer's Office at the address given below.

Please outline your reasons for being interested in serving the Town of Munster in the positions you marked on the front side of this application. (Be specific.)

Signature of Applicant

The completed form should be returned to: Nominating Committee, Town of Munster, Clerk-Treasurer's Office, 1005 Ridge Road, Munster, Indiana 46321

Please note that the application must be refiled after 3 years.