Please return application to:
Sara Peer
Executive Administrative Assistant
City of Cannon Falls
918 River Road
Cannon Falls, MN 55009
507-263-9300: Phone
507-263-5843: Fax

BOARDS & COMMISSIONS APPLICATION

Please indicate by order which of the following you are interested in (1,2,3, etc.):

____ Planning Commission
____ Economic Development Authority
____ Charter Commission
____ Ad Hoc Task Force
____ Park Board
____ Downtown Advisory Committee
____ Police Advisory Commission
____ Cable Commission

We welcome you as an applicant to one of the City's commissions, boards or ad hoc task forces. Residents of Cannon Falls are eligible for nomination to any of the City's advisory boards as established by the City Council. Please complete the following information and return it to City Hall for consideration.

DATA PRACTICES ADVISORY

We are required to provide the following information to you. Under Minnesota law, your name and home address are public information, which must be provided to anyone who requests it. If appointed to a board or commission, the following information will also be public: education and training background, previous work experience, work location, a work telephone number, and any expense reimbursement. The other information requested below is classified as private. This information will be used by the Mayor and City Council in determining whether you should be appointed to a board or commission. The Mayor recommends appointments and the City Council confirms those appointments. Therefore, all of the information will be provided to the City Council in a public forum and will be reviewed in public. Failure to provide the requested information may result in your not being considered for an appointment. If you have concerns about providing any of the requested information, please contact Sara Peer at 263-9300.

PERSONAL INFORMATION

Name _____

Address _____ Zip Code _____

Phone (H)_____ (B)_____ (FAX) _____

E-mail_____

How long have you been a resident of Cannon Falls? _____

Are you or any of your family members presently employed by the City of Cannon Falls or serving on any of the City's advisory boards?

Yes ___ **No** ___ If yes, explain: _____

EXPERIENCE AND EDUCATION

Name of Employer: _____

Occupation: _____

Education: _____

Community Service/Activities: _____

_____

Please list major responsibilities that you have had or currently have in a community project or organization or in your occupation:

_____

_____

Civic/Professional Organization Memberships:

_____

_____

ADDITIONAL INFORMATION

Please indicate why you are interested in being appointed to an advisory board, and why you feel you are qualified to serve on the advisory board(s) previously indicated.

_____

_____

What do you believe you could contribute if appointed to an advisory board?

_____

_____

How do you believe you would benefit if appointed to a board or commission?

_____

I am ***NOT available*** for board or commission meetings on the following evenings (circle):

Monday Tuesday Wednesday Thursday Friday

CONFLICT OF INTEREST

Conflict of interest may arise by the participation in any activity, recommended action, or decision from which you receive or could potentially receive direct or indirect personal financial gain. In accordance with this definition, do you have any legal or equitable interest in any business, however organized, which in the course of your participation in a city advisory board could give rise to a conflict of interest?

Yes ___ **No** ___ If yes, please provide details on a separate sheet of paper.

Do you own any real property located in Cannon Falls, other than your residence, in which you have a legal or equitable interest which, in the course of your participation in a city advisory board, could give rise to a conflict of interest?

Yes ___ **No** ___ If yes, please provide details on a separate sheet of paper.

As a board or commission member, what issue(s) might cause conflict between civic responsibility and personal/professional interests?

_____

_____

You may attach a resume if you desire. The selection process will vary according to the number of applicants and vacancies, and may include an interview.

Thank you for your interest in serving on an advisory board for the City of Cannon Falls.

Date: _____

_____
Signature