

City of Geneva

APPLICATION

Board, Committee, Commission

22 South First Street, Geneva, IL 60134	PHONE	630.232.7494	FAX	630.232.1494
APPLICATION FOR APPOINTMENT TO:				
Name:				
Home Address:				
Home Phone:	Cell Pl	none:		
How long have you been a resident of Geneva?		_ Email:		
Occupation/Profession:		Years of Ser	vice:	
Education:				
Community participation and service (past and)				
Special qualifications for community service: _				
Why do you desire this appointment?				
If the Board, Committee, or Commission position would you consider serving in another capacity	on you are	applying for is fil		omeone else,
If your answer to the above question is "yes", procommissions, on which you are willing to serve				
Applicant's signature:		Date:	e:	

Please note that by submitting a completed application for consideration of service on a City of Geneva Board/Commission your information becomes an official public document and may be shared with the City Council and general public. If desired, you may submit a letter of application and/or resume with this application form. Submit application and attachments to: