

City of Lewiston

APPLICATION FOR ADVISORY COMMISSION/BOARD

Date: _____

Commissions/Boards applying for: _____

Name: _____
Last First MI

Telephone (Home): _____

Work Telephone: _____

E-Mail Address: _____

Address _____
Number Street City State Zip

If residing in Lewiston, for how long? _____

Employer: _____

Occupation: _____

Do you have any activities, commitments, or responsibilities that may prevent you from meeting commission or board attendance requirements? _____

Comments: _____

Please note any paid or volunteer work, hobbies, special interests, or offices held that may relate to the position(s) for which you have applied (use extra paper if needed).

What strengths do you feel you could bring to the boards/commissions for which you are applying?

Please list below the names and telephone numbers of two persons who can serve as a personal reference for you:

Name _____ Telephone _____

Name _____ Telephone _____

Send completed application to the attention of Kari Ravencroft, City Clerk, City of Lewiston, City Hall, 1134 "F" Street, P. O. Box 617, Lewiston, ID 83501. For more information, please call 746-3671, Ext. 6203. Thank you for your interest!