



Application for Appointment to a City Board, Commission, or Committee

Date: _____

Employer: _____

Name: _____
First Middle Last

Title/Occupation: _____

Address: _____
Street
City State Zip

Address: _____
Street
City State Zip

Phone: _____

Phone: _____

Email: _____

Email: _____

At which address would you prefer to be contacted? Home Work

Are you a registered voter of the city of Sioux Falls? Yes No

Are you a resident of the city of Sioux Falls? Yes No

1. I would like to serve on the following (please rank if selecting more than one):

- | | |
|--|---|
| <input type="checkbox"/> ADA Accessibility Review Board | <input type="checkbox"/> Investment Advisory Board |
| <input type="checkbox"/> Affordable Housing Advisory Board | <input type="checkbox"/> Library Board of Trustees |
| <input type="checkbox"/> Airport Authority Board | <input type="checkbox"/> Mechanical Board of Appeals and Examiners |
| <input type="checkbox"/> Arena/Convention/Entertainment Center Board | <input type="checkbox"/> Multi-Cultural Center Board |
| <input type="checkbox"/> Board of Ethics | <input type="checkbox"/> Orpheum Theater Advisory Board of Directors |
| <input type="checkbox"/> Board of Health | <input type="checkbox"/> Parks and Recreation Board |
| <input type="checkbox"/> Board of Museum Trustees | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Board of Historic Preservation | <input type="checkbox"/> Plumbing Board of Appeals and Examiners |
| <input type="checkbox"/> Building Board of Appeals | <input type="checkbox"/> Property Maintenance Board of Appeals |
| <input type="checkbox"/> Business Improvement District Board—Main Street | <input type="checkbox"/> Public Parking Advisory Board |
| <input type="checkbox"/> Charter Revision Commission | <input type="checkbox"/> Public Transit Advisory Board |
| <input type="checkbox"/> City Naming Committee | <input type="checkbox"/> School Traffic Safety Advisory Committee (PATH) |
| <input type="checkbox"/> Civil Service Board | <input type="checkbox"/> Sioux Falls Convention and Visitors Bureau Business Improvement District (the BID) |
| <input type="checkbox"/> Commission on Human Relations | <input type="checkbox"/> Sioux Falls Regional Emergency Medical Services Authority |
| <input type="checkbox"/> Disability Awareness Commission | <input type="checkbox"/> Sioux Falls Sports Authority |
| <input type="checkbox"/> Districting Commission | <input type="checkbox"/> Solid Waste Planning Board |
| <input type="checkbox"/> Electrical Board of Appeals and Examiners | <input type="checkbox"/> Veterans' Memorial Park Advisory Board |
| <input type="checkbox"/> Employee's Retirement System Board of Trustees | <input type="checkbox"/> Visual Arts Commission |
| <input type="checkbox"/> Falls Community Health Center Governing Board | <input type="checkbox"/> Washington Pavilion Management, Inc. Board of Trustees |
| <input type="checkbox"/> Firefighters' Pension Fund Board of Trustees | <input type="checkbox"/> Zoning Board of Adjustment |
| <input type="checkbox"/> Homeless Advisory Board | <input type="checkbox"/> Zoological Society of Sioux Falls |
| <input type="checkbox"/> Housing and Redevelopment Commission | |
| <input type="checkbox"/> Infrastructure Review Advisory Board | |

2. Please list education or training relevant to your choice(s):

Please list work experience relevant to your choice(s):

Please list community volunteer service relevant to your choice(s):

3. I would like to serve in the indicated position(s) because:

4. The following references may be contacted:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

5. **Please submit a resume and/or a brief autobiography.**

6. I understand the role and responsibility of membership on these Boards or Commissions and am willing to serve. In applying for appointment, I understand that the Mayor may contact the references listed. I also understand that I might be contacted by citizens or other board members at the address I indicated on the other side of this application.

Signature

Please return application to:

**Mayor's Office
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402**

Your application will be kept on file for three years. Thank you for applying.

The City of Sioux Falls does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, creed, ancestry, pregnancy, age, genetic information, or disability in the selection of those chosen to serve on a City Board or Committee.