



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 (please circle)

Are you a registered voter of the city of Sioux Falls? _____ Are you a resident of the city of Sioux Falls? _____

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"/> Housing and Redevelopment Commission |
| <input type="checkbox"/> Airport Authority Board | <input type="checkbox"/> Infrastructure Review Advisory Board |
| <input type="checkbox"/> Arena/Convention/Entertainment Center Board | <input type="checkbox"/> Investment Advisory Board |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Library Board of Trustees |
| <input type="checkbox"/> Board of Appeals | <input type="checkbox"/> Mechanical Board of Appeals and Examiners |
| <input type="checkbox"/> Board of Ethics | <input type="checkbox"/> Orpheum Theater Advisory Board of Directors |
| <input type="checkbox"/> Board of Health/Falls Community Health Center Board | <input type="checkbox"/> Parks and Recreation Board |
| <input type="checkbox"/> Board of Museum Trustees | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Board of Preservation | <input type="checkbox"/> Plumbing Board of Appeals and Examiners |
| <input type="checkbox"/> Business Improvement District Board | <input type="checkbox"/> Property Maintenance Board of Appeals |
| <input type="checkbox"/> Charter Revision Commission | <input type="checkbox"/> Public Parking Facilities Board |
| <input type="checkbox"/> Civil Service Board | <input type="checkbox"/> Public Transit Advisory Board |
| <input type="checkbox"/> Commission on Human Relations | <input type="checkbox"/> School Traffic Safety Advisory Committee (PATH) |
| <input type="checkbox"/> Community Development Advisory Committee | <input type="checkbox"/> Sioux Empire Arts Council Board of Directors |
| <input type="checkbox"/> Disability Awareness Commission | <input type="checkbox"/> Sioux Falls Ice and Recreation Center Board |
| <input type="checkbox"/> Districting Commission | <input type="checkbox"/> Sioux Falls Regional Emergency Medical Services Authority |
| <input type="checkbox"/> Electrical Board of Appeals and Examiners | <input type="checkbox"/> Solid Waste Planning Board |
| <input type="checkbox"/> Employee's Retirement System Board of Trustees | <input type="checkbox"/> Veterans' Park Advisory Board |
| <input type="checkbox"/> Firefighters' Pension Fund Board of Trustees | <input type="checkbox"/> Visual Arts Commission |
| <input type="checkbox"/> Homeless Advisory Board | <input type="checkbox"/> Washington Pavilion Management, Inc. Board of Directors |
| | <input type="checkbox"/> Zoological Society of Sioux Falls Board of Directors |

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

(Over)

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.