



16319 Kettle River Blvd.
Columbus MN 55025

**APPLICATION FOR BOARDS
AND COMMISSIONS**

City Hall Hours:
Monday-Friday: 8 a.m.-4 p.m.

651-464-3120 Phone, 651-464-5922 Fax

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Please check the following Advisory Board/ Committees(s) on which you are interested in serving. If not otherwise specified, you must be a residential homestead owner in the City of Columbus to serve on the following Advisory Boards/Committees. Visit the City website for the Advisory Board/Committee schedule located under the City Government Section at www.columbusmn.us

City Planning Commission (24 Meetings)

Columbus Fall Fest (5 Meetings)

Park Board (11 Meetings)

Public Works Advisory Board (4 Meetings)

Economic Development Authority (8 Meetings)

Other

List your qualifications for the committees you have interest in (ie: educational background, occupation, number of years of residency in Columbus, related past experience).

Please describe in detail why you are interested in volunteering and why you feel you would be a good candidate for the above selected committees.

Please describe your prior related experiences (include organization names and dates of service)

Employment (optional)

Current Employer (if applicable) _____

Position/Title _____

References

Please list three non-family members who can provide references on your ability to perform this volunteer position.

Name _____ Phone No. _____ Email _____

Name _____ Phone No. _____ Email _____

Name _____ Phone No. _____ Email _____

Please read the following carefully before signing this application.

I understand that this application will be reviewed with all others received for this volunteer position. I acknowledge that I will be forthright in providing information throughout the selection process, including on this application, and in interviews with the City of Columbus, and that any information provided is true, correct and complete to the best of my knowledge. I understand that the City of Columbus may verify the information I provide on this application or otherwise through other sources.

I state that I have not withheld any unfavorable information that may affect my application for this volunteer position. I understand that any misrepresentation or omission may be grounds for my immediate rejection as an applicant for a volunteer position with the City of Columbus or termination as a volunteer.

Signature _____ Date _____

Return Completed Application to: Elizabeth Mursko, City Administrator at cityadministrator@ci.columbus.mn.us, or drop off a physical copy at City Offices 16319 Kettle River Blvd., Columbus, MN 55025.