

**CITY OF ATKINS, IOWA**

**APPLICATION FOR APPOINTMENT TO BOARDS AND COMMISSIONS**

The City of Atkins appreciates your interest in serving the community and welcomes your application. Please complete all sections of this application. If you have any questions, please contact City Hall at (319) 446-7870. The City of Atkins is committed to providing equal opportunity for citizen involvement.

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Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_  
                    First                    MI                    Last

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_

If Atkins resident, length of residency: \_\_\_\_\_

**NOMINEE FOR** (term listed following board name):

Board of Adjustments (5 years)     Library Board (6 years)     Planning & Zoning (5 years)     Other

**COMMUNITY INVOLVEMENT:** Please describe your present and past community involvement including voluntary, social, city, church, school, business, professional that are applicable. (Include dates of involvement, and any offices or leadership positions held.)

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**SPECIAL QUALIFICATIONS:** Please list any special qualifications for serving on a board, including skills, training, licenses, certificates that are applicable.

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List reasons why you would like to be appointed and what contributions you believe you can make.

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Are you aware of any conflict of interest, or potential conflict of interest, that may prevent you from carrying out your responsibilities on this Board/Commission in the best interest of the City of Atkins? If so, please describe.

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**Please mail completed application to:** City of Atkins, Attn: Mayor, PO Box 171, Atkins, IA 52206 or email to [ciatkins@netins.net](mailto:ciatkins@netins.net).