



## APPLICATION FOR APPOINTMENT TO A COUNTY BOARD OR COMMISSION

Please fill out the following form to be considered for an appointment. You may attach additional information or a resume to the application if needed, though this is not required. File your application with the Commission Office at 415 N. Dakota Avenue, Sioux Falls, SD 57104; (605) 367-4206, or send via email to the Commission Office at [commissionoffice@minnehahacounty.gov](mailto:commissionoffice@minnehahacounty.gov)

**Please check the box for each board you would be willing to serve on:**

Housing and Redevelopment Commission

Planning Commission

Library Board of Trustees

Public Advocate Advisory Board

Mental Illness Board

Public Defender Advisory Board

Museum Board

Weed and Pest Board

**Please fill out the following information about yourself:**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Email: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

**Why do you want to serve on a board and/or commission?**

In a few sentences in the space below, please explain why you would like to serve on a Minnehaha County board and/or Commission.

**List previous civic and voluntary memberships and responsibilities; and/or background and interests relating to the board and/or commission in the space below:**

**Personal references the Commission may contact:**

Please list the name, email, and phone number for two references.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Application Consent and Signature**

In applying for appointment, I understand the County Commission may make inquiries in the community pertinent to my appointment. I understand that this application does not guarantee an appointment to a board, but I am willing to serve if called upon.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE