



## APPLICATION FOR CITY BOARDS, COMMISSIONS AND TASK FORCES

Return application to: 4141 Douglas Drive N, Crystal MN 55422

Fax: (763) 531-1188; email: [commissions@crystalmn.gov](mailto:commissions@crystalmn.gov)

Please check one:  New Applicant  Reappointment

Thank you for your interest in serving your community as a volunteer. Please indicate below the board, commission or task force which you would like to be appointed to. *(Note eligibility requirements - a member of a board, commission or task force must be a lawful resident of Crystal and, if required, a resident of the Council ward from which they are appointed.)* Your application will be kept on file for one year.

- |  |   |
|--|---|
| <input type="checkbox"/> Charter Commission                          | <input type="checkbox"/> Bassett Creek Watershed Mgmt Commission            |
| <input type="checkbox"/> Employee Review Board                       | <input type="checkbox"/> Shingle Creek Watershed Mgmt Commission            |
| <input type="checkbox"/> Environmental Quality Commission            | <input type="checkbox"/> West Metro Fire-Rescue District Board of Directors |
| <input type="checkbox"/> Inclusion and Diversity Commission          | <input type="checkbox"/> Metro Blue Line (Business Advisory Committee)      |
| <input type="checkbox"/> Parks and Recreation Commission (Ward ____) | <input type="checkbox"/> Metro Blue Line (Community Advisory Committee)     |
| <input type="checkbox"/> Planning Commission (Ward ____)             |   |

### PERSONAL INFORMATION *(please print)*

Name \_\_\_\_\_ Length of residence in Crystal \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### STATEMENT OF INTEREST

Why are you interested in serving on this city board or commission? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### IMPORTANT ISSUES FACING OUR COMMUNITY

What do you think are the most important issues facing our community over the next several years? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe what issues and ideas you would like to see addressed by the board, commission or task force you would like to serve on. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY, CIVIC OR VOLUNTEER EXPERIENCE**

Please list your volunteer experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTENDANCE AND CONFLICT OF INTEREST**

Are you aware of the meeting schedule for this board, commission or task force, and are you able to attend meetings regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

*For reappointments only:* If you have not been able to attend meetings regularly, please explain:

\_\_\_\_\_  
\_\_\_\_\_

A conflict of interest may arise by your participation in an activity, action or decision from which you receive or could potentially receive direct or indirect personal financial gain. Do you have any legal or equitable interest in any business which, in the course of your participation on this board, commission or task force, could give rise to a conflict of interest? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please provide details on a separate sheet of paper.)

As a board, commission or task force member, what issue(s) might cause conflict between your civic responsibility and personal or professional interests? How would you manage these conflicts?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW APPLICANTS ONLY:**

Have you attended and observed a board, commission or task force meeting for which you've made application?

Yes, on \_\_\_\_\_ (date of meeting) Not yet, but I will attend a meeting on \_\_\_\_\_ (date of meeting)

**EDUCATION AND PROFESSIONAL EXPERIENCE**

Describe your education and/or professional experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REAPPOINTMENTS ONLY:**

**BOARD, COMMISSION OR TASK FORCE HIGHLIGHTS**

Describe a highlight(s) or accomplishment(s) of the board, commission or task force during your last term. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT INFORMATION CONCERNING YOUR APPLICATION**

**DATA PRIVACY NOTICE:** Minnesota law requires that you be informed of the purposes and intended use of the information you are providing on this application. Pursuant to Minn. Stat. §13.601, your name, address, length of residence, occupation, education, training, civic affiliations, qualifications and experience are public data and is available to anyone who requests the information.

The information you provide will be used to identify you as an applicant, enable us to contact you when additional information is required, send you notices, and assess your qualifications for appointment. This data is not legally required, but refusal to supply the information requested may affect the City Council’s ability to accurately evaluate your application.

**Should you be appointed to a board, commission or task force, pursuant to Minn. Stat. §13.601, your residential address will become public information. In addition, either a telephone number or email address where you can be reached will become public. The purpose is to list contact information for board, commission and task force members on a public roster.**

Please select which of the following you will allow listed on a public roster (*you must select either email or one phone number*):

EMAIL OR PHONE (*may choose more than one*):  home  work  cell  
 ALL OF THE ABOVE

*I have read the data privacy notice given above and authorize investigation into all statements contained in this application. Furthermore, I authorize the City of Crystal to conduct a criminal history background check, pursuant to Crystal City Code Section 311.01, Subd. 2, for purposes of determining my eligibility for a volunteer position with the City.*

MN Driver’s License or MN State ID Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ If known by previous name, provide: \_\_\_\_\_

\_\_\_\_\_  
Applicant’s signature

\_\_\_\_\_  
Date

**Process**

- Step 1 Complete an application
- Step 2 Return the completed application to the deputy city clerk
- Step 3 Participate in a 10-minute interview with the city council
- Step 4 Optional: attend the council meeting when appointment is made

**CITY USE ONLY:** Date received: \_\_\_\_\_ Lives in ward: \_\_\_\_\_ Date appointed: \_\_\_\_\_ ; Term expires: \_\_\_\_\_  
If applicable, position appointed to (*ward/at large/alternate/public member/etc.*): \_\_\_\_\_  
Notes: \_\_\_\_\_