



Application for Appointment to a City Board, Commission, or Committee

Date: _____

Employer: _____

Name: _____
First Middle Last

Title/Occupation: _____

Address: _____
Street

Address: _____
Street

City State Zip

City State Zip

Phone: _____

Phone: _____

Email: _____

Email: _____

At which address would you prefer to be contacted? Home Work

Are you a registered voter of the city of Sioux Falls? Yes No

Are you a resident of the city of Sioux Falls? Yes No

1. I would like to serve on the following (please rank if selecting more than one):

- | | |
|---|---|
| _____ ADA Accessibility Review Board | _____ Investment Advisory Board |
| _____ Accessible Housing Advisory Board | _____ Library Board of Trustees |
| _____ Airport Authority Board | _____ Mechanical Board of Appeals and Examiners |
| _____ Arena/Convention/Entertainment Center Board | _____ Multi-Cultural Center Board |
| _____ Board of Ethics | _____ Parks and Recreation Board |
| _____ Board of Health | _____ Planning Commission |
| _____ Board of Museum Trustees | _____ Plumbing Board of Appeals and Examiners |
| _____ Board of Historic Preservation | _____ Property Maintenance Board of Appeals |
| _____ Building Board of Appeals | _____ Public Parking Advisory Board |
| _____ Business Improvement District Board—Main Street | _____ Public Transit Advisory Board |
| _____ Charter Revision Commission | _____ School Traffic Safety Advisory Committee (PATH) |
| _____ City Naming Committee | _____ Experience Sioux Falls Business Improvement District (the BID) |
| _____ Civil Service Board | _____ Sioux Falls Regional Emergency Medical Services Authority (REMSA) |
| _____ Commission on Human Relations | _____ Sioux Falls Sports Authority |
| _____ Disability Awareness Commission | _____ Solid Waste Planning Board |
| _____ Electrical Board of Appeals and Examiners | _____ Visual Arts Commission |
| _____ Employee's Retirement System Board of Trustees | _____ Washington Pavilion Management, Inc. Board of Trustees |
| _____ Falls Community Health Center Governing Board | _____ Zoning Board of Adjustment |
| _____ Firefighters' Pension Fund Board of Trustees | _____ Zoological Society of Sioux Falls |
| _____ Housing and Redevelopment Commission | |
| _____ Infrastructure Review Advisory Board | |

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

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.

The City of Sioux Falls does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, creed, ancestry, pregnancy, age, genetic information, or disability in the selection of those chosen to serve on a City Board or Committee.