

Dear Madisonville Citizen:

Below is an application for volunteer service(s) to the City of Madisonville. Please let us know if you are interested in serving on one of these Advisory Boards by completing the bottom of this form. You will be contacted in order to verify your continued interest and availability. Please do not miss this great opportunity to play a vital role in shaping your community! Please note, vacancies may not exist on all boards.

Sincerely,

Bill Parten, Mayor of Madisonville

NAME:		
ADDRESS:		
PHONE:	EMAIL:	
PLEASE INDICATE AREA(S) OF PERFERENCE. IF PREFERENCES WITH "1" BEING YOUR FIRST CH		•
Building Standards Committee	☐ Pla	anning and Zoning Board
REGISTERED TO VOTE IN MADISONVILLE?	YES/NO	RESIDENT IN CITY FOR YEARS
OTHER COMMUNITY PROJECT INTEREST:		
SPECIAL INTEREST/SKILLS YOU FEEL MAY BE H	ELPFUL:	
EDUCATION:		
EXPERIENCE:		
CURRENT OCCUPATION:		
HAVE YOU EVER BEEN CONVICTED OF A FELON	NY? YES/NO	IF YES, PLEASE EXPLAIN: