



Application for City Board or Commission Appointment

Date: _____ Name: _____

Address: _____

Phone: _____ E-mail: _____

Board/Commission appointment(s) interested in: _____

Party Affiliation (OPTIONAL, though some boards and commissions require a balance by party affiliation)

Democrat Republican Other: _____

1. Please explain related background, interest, or experience.

2. Please describe any interest or experience you may have in collaborative decision-making.

3. Please describe why you are interested in participating in this process.

Thank you for your interest in this process.

Return to: Mayor's Office
202 S. 5th Street, Suite 1
Goshen, IN, 46528

Fax: 533-3074
E-mail: mayor@goshencity.com