



City of Rushford

101 N. Mill Street
P.O. Box 430
Rushford, MN 55971

Phone: 507-864-2444
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BOARDS, COMMITTEES, & COMMISSIONS APPLICATION

We welcome you as an applicant for one of the City's boards, commissions, or committees. Residents of Rushford are eligible for nomination to any of the City's advisory boards as established by the City Council. Please complete the following information, and attach extra sheets if necessary. Accommodations will be provided, upon request, to allow individuals with disabilities to participate in the application process.

DATA PRACTICES ADVISORY

We are required to provide the following information to you. Under Minnesota law, your name and home address are public information, which must be provided to anyone who requests it. If appointed to a board, commission or committee, the following information will also be public: education and training background, previous work experience, work location, a work telephone number, and any expense reimbursement. The other information requested below is classified as private. This information will be used by the City Council in determining whether you should be appointed to a board, commission, or committee. Therefore, all of the information will be provided to the City Council in a public forum and will be reviewed in public. Failure to provide the requested information may result in your not being considered for an appointment.

I am interested in serving on the following board or commission:

PERSONAL INFORMATION

Name _____

Address _____ Zip Code _____

Phone (H) _____ (Work) _____ (Cell) _____

E-mail _____

How long have you been a resident of Rushford? _____

Are you or any of your family members presently employed by the City of Rushford?
or serving on any of the City's advisory boards?

Yes ___ No ___ If yes, explain: _____

EXPERIENCE AND EDUCATION

Name of Employer: _____

Occupation: _____

Education: _____

Community Service/Activities: _____

Please list major responsibilities that you have had or currently have in a community project or organization or in your occupation:

Civic/Professional Organization Memberships:

ADDITIONAL INFORMATION

Please indicate why you are interested in being appointed to an advisory board, and why you feel you are qualified to serve on the advisory board(s) previously indicated.

What do you believe you could contribute if appointed to an advisory board?

How do you believe you would benefit if appointed to a Board or Commission?

CONFLICT OF INTEREST

Conflict of interest may arise by the participation in any activity, recommended action, or decision from which you receive or could potentially receive direct or indirect personal financial gain, or other personal interest. A conflict of interest may also occur if you hold a private or other public position in addition to your City advisory board which may interfere with your discharge of your City responsibilities. In accordance with these definitions, do you have any legal or equitable interest in any business, however organized, which in the course of your participation in a City advisory board could give rise to a conflict of interest?

Yes ___ No ___ If yes, please provide details on a separate sheet of paper.

Do you own any real property located in Rushford, other than your residence, in which you have a legal or equitable interest which, in the course of your participation in a City advisory board, 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 Committee member, what issue(s) might cause conflict between civic responsibility and personal/professional interests?

As required by City ordinance, if appointed to a City advisory board, you must complete a disclosure statement and file it with the City Clerk.

You may attach a resume if you desire. The selection process will vary according to the number of applicants and vacancies, and may not include interviews with all candidates.

Thank you for your interest in serving on an advisory board for the City of Rushford.

Date: _____

Signature

Please return application to:

City of Rushford
PO Box 430
Rushford, MN 55971