



City of Virginia

Application for Commission or Board

DATA CLASSIFICATION ADVISORY: Please be advised that the information that you are requested to provide is classified as private data pursuant to Minnesota Statute 13.43 except for the following data which is classified as public data: (1) name; (2) city of residence except when the appointment has a residency requirement that requires the entire address to be public; (3) education and training; (4) employment history; (5) volunteer work; (6) awards and honors; (7) prior government service.

If you are appointed to a position on a board or commission, the following additional data will be classified as public data: (1) residential address; (2) either a telephone number or electronic mail address where the appointee can be reached, or both at the request of the appointee. Any electronic mail address or telephone number provided by the city for use by an appointee shall be public. An appointee may use an electronic mail address or telephone number provided by the public body as the designated electronic mail address or telephone number at which the appointee can be reached.

APPLICANT'S NAME:

_____ Last Name First Name Middle Initial

COMMISSION APPLYING FOR:

(Please list the committee, commission, or board for which you are applying)

HOME ADDRESS:

DAYTIME PHONE:

HOW LONG HAVE YOU LIVED IN VIRGINIA?:

EMAIL ADDRESS:

WHAT INTERESTS YOU ABOUT BECOMING A MEMBER OF THIS COMMITTEE, COMMISSION OR BOARD?

PLEASE PROVIDE ADDITIONAL INFORMATION THAT YOU BELIEVE IS IMPORTANT IN CONSIDERING YOUR APPLICATION:

(Additional information may be written on the back or on a separate sheet)

I HEREBY ATTEST THAT:

- I have read and understand the Data Classification Advisory above.
- I am a Qualified Elector of the City of Virginia.
- I do not hold any other office or employment under the City of Virginia.
- I have sufficient time to devote to this responsibility and will attend the required meetings if appointed.

SIGNATURE

DATE

OFFICE USE ONLY

Date Received _____

Appointment Date _____

Appointed: Yes No

Term End Date _____