



Date: \_\_\_\_\_

### Application for Elgin Township Board & Committees

*This application requests some general information in applying for a position on an Elgin Township board or committee. Applications will be accepted by: **E-mail:** [Ken.Bruderle@elgintownship.com](mailto:Ken.Bruderle@elgintownship.com) **Mailed/Drop-off to:** 729 S. McLean Blvd., Elgin, IL 60123 **Fax:** (847) 741-2281*

*Please Print*

Name: \_\_\_\_\_

Address (street): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

*Most communication will be via email.*

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Years of residence in Elgin Township: \_\_\_\_\_

Interested in serving on:

- Senior Committee
- Youth Committee
- Mental Health Board

What is your interest in serving on this board/committee?

---



---



---

Particular attributes, skills, experience, training, etc., which you have that you feel would be useful in the work of this board/committee:

---



---



---

Application Relevant Roles in Community – Professional/Civic Activities:

---



---



---



---

Please explain why you would be the best candidate for the position if there were multiple candidates to choose from.

---

---

---

---

Please list current, past, and future (applied-for) board, committee, and/or commission participation.

---

---

---

---

What do you see as the function of the committee for which you are applying?

---

---

---

---

*Please use additional pages for answers, if needed.*

Are there any possible conflicts of interest that would prevent you from fairly and impartially discharging your duties as an appointee of the Township board/committee?

No       Yes

If yes, please explain the possible conflict.

---

---

---

---

I certify that the facts contained in this application are true and correct to the best of my knowledge and belief. I understand that this application will be retained in the Office of the Supervisor for two (2) years and must be updated after that time. If not updated after that time, the application will be removed from the active consideration file.

*(OPTIONAL): As evidence of my qualifications and interest in serving on the above indicated committee(s), I AM SUBMITTING A RESUME that includes my educational background, professional experience, present employment, professional registration, and past service with professional organizations and societies. (Cover letter optional.)*       No       Yes

<b>TERM:</b> _____ <b>(Office Use Only)</b>
--

Signature: \_\_\_\_\_

Date: \_\_\_\_\_