

**Application for Appointment
to CICS Committees**



CICS
Supporting Individuals. Strengthening Communities.

Application for: _____ (Committee)

Name: _____ Date: _____

Address: _____
Street City State Zip County

Home #: _____ Business #: _____ Cell #: _____

E-mail: _____

This form assists the CICS Governing Board in evaluating the qualifications of applicants for appointment to a committee.

Place of employment and position and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position:

Why do you wish to serve on this committee?

What qualifications do you feel you have that would contribute to this committee?

Do you have anything else to add?

I certify that there is nothing that would prohibit me from serving on this committee.

Signature

Date

Please return this application to:
Karla Webb
126 S. Kellogg Ave., Ste. 001
Ames, Iowa 50010
or email to karla.webb@cicsmhds.org

THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.