

**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:**

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**Why do you wish to serve on this committee?**

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

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**Do you have anything else to add?**

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*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](mailto:karla.webb@cicsmhds.org)

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