



City of Fergus Falls Boards and Commissions Application

First Name _____ Last Name _____

Address _____

Email _____ Phone _____

Thank you for your interest in serving your community! Please indicate which board or commission you are interested in serving. Please attach extra sheets if necessary.

- | | |
|----------------------------------|---|
| _____ Charter Commission | _____ Heritage Preservation Commission |
| _____ Human Rights Commission | _____ Library Board |
| _____ Parks and Recreation Board | _____ Planning Commission |
| _____ Public Arts Commission | _____ Bicycle and Pedestrian Advisory Board |

How long have you been a resident of Fergus Falls? _____

Occupation: _____

Employer: _____
If retired, please indicate former occupation/profession

Why do you want to serve on the board or commission?

What background and/or experience (i.e. professional, community, volunteerism etc.) would you bring to the commission?

What are your ideas or observations on the role of this board/committee/commission?

Please read, sign and date:

By accepting this appointment, I agree to abide by and practice the highest standards of ethical conduct for public officials. In particular, I agree that I will not participate in any decision or, if in an advisory capacity, make any recommendation from which I or my family would directly benefit personally or financially. I understand that the appearance of impropriety or conflict of interest can damage the reputation of the city as well as my individual reputation. I understand that it is a fundamental public expectation that public officials and public servants will not obtain favor or advantage because of their public service. It is with these values in mind that I further agree that I will not engage in a business relationship with the city during the terms of my appointment.

Name

Date

Please return completed application to:

City Administrator's Office
112 W Washington Ave
Fergus Falls, MN 56537

If you have questions, please contact Lynne Olson at 218-332-5404 or by email at lynne.olson@fergusfallsmn.gov

For office use only

Date received _____

Replacing _____

Date appointed _____

Appointed to _____

Term start date _____

Term expiration date _____