

**Board/Commission/Committee (B/C/C)  
Appointment Information**

Name: \_\_\_\_\_  
(Please Print)

In the Board of Supervisors effort to appoint members to boards and commissions reflective of the population of Polk County, the Board asks for the following information in regard to geography, gender and race.

Address of your residence	Mailing Address

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

May we distribute this information to?

	B/C/C Staff	B/C/C Members
Daytime phone number: _____	Yes / No	Yes / No
Evening phone number: _____	Yes / No	Yes / No
Fax number: _____	Yes / No	Yes / No
Other phone numbers: _____	Yes / No	Yes / No
E-mail address: _____	Yes / No	Yes / No
Occupation: _____		
Name of your employer: _____		
B/C/C Interested in serving on: _____		
Referred By: _____		

Knowledge, skills, or abilities that you feel you possess that would assist you in serving as an appointee to the B/C/C you are expressed an interested in:

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Do you have any potential conflicts of interest in regards to the appointment you are seeking that the Board of Supervisors needs to be made aware of?

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If the Polk County Board of Supervisors appoints you to a B/C/C, your name and residence will be part of the resolution.

Name: \_\_\_\_\_  
(Print your name, as you want it to appear on the resolution)

Please attach any additional information you would like to submit to the Board of Supervisors  
Return completed form to: Polk County Board of Supervisors, 111 Court Avenue, Room 300, Des Moines, Ia. 50309 or via email to [sarah.boese@polkcountyiowa.gov](mailto:sarah.boese@polkcountyiowa.gov).