

Committee Volunteer Application

If you reside in the City of Two Rivers and wish to be appointed to a citizens Committee, Commission, or Board please complete the following application and return to the City Manager's Office, P.O. Box 87, Two Rivers, WI, 54241-0087

| Name (Last, First, Middle): | |
|---|--|
| Home Address: | |
| Phone: Em | nail: |
| Employer/Business: | |
| Employer Address: | |
| Occupation: | |
| Which Committee, Commission, or Board o | do you wish to serve on? |
| Do you have any special skills, knowledge, Commission, or Board? | experience, or interest that relates to the above Committee |
| | |
| Do you have any conflict of interest related applying (such as employed relatives, busing | d to the Committee, Commission, or Board for which you ar ness or financial conflicts, etc.)? |
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| | |
| | |
| | Signature |
| | Date |





