



ROCK ISLAND
ILLINOIS

MAYOR'S OFFICE
City of Rock Island
1528 Third Avenue, Rock Island, IL 61201

(309) 732-2012
rimayor@rigov.org

BOARDS/COMMISSIONS APPLICATION FORM

Name of Board/Commission _____

Applicant's Name _____

Street Address _____

City/State/Zip Code _____

Cell Phone # _____ Home Phone # _____

Work Phone # _____ E-mail _____

Why Are You Seeking Appointment To And The Reason Why You Want To Serve On This Board/Commission:

Number of Years in the Community: _____

Profession: _____

Previous Involvements (Organizations and Civic Affiliations, Volunteer Work, Other Boards and Commissions):

Current Involvements (Organizations and Civic Affiliations, Volunteer Work, Other Boards and Commissions):

What Unique Experiences And / Or Skill Set(s) Would You Be Bringing to this Position?

Other Qualifications And / Or Additional Information:

APPLICANT'S SIGNATURE

DATE

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FOR OFFICE USE ONLY

Date Received _____

By _____