



## Application for Board / Commission Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Educational Background:**

---

---

### **Employment Background (attach resume if available):**

---

---

---

### **Board(s) or Commission(s) of interest:**

---

---

---

### **Explain why your background/qualifications make you a strong candidate to serve on the above Board(s) / Commission(s):**

---

---

---

---

Please return this completed form and resume to:

Mayor Clint Hull  
2 E. Main Street  
St. Charles, IL 60174  
Or email to: [cityadmin@stcharlesil.gov](mailto:cityadmin@stcharlesil.gov)