# CITY OF DELL RAPIDS

## Citizen Council/Board Expression of Interest Form

Council/Board on which you are interested in serving: _____

Title: Mr. / Mrs. / Miss / Ms. / Dr. Name:_____

Home Address:_____

Email Address:_____ Phone #: _____

Number of years you have lived in/around Dell Rapids:_____

Occupation: _____ Employer: _____

Business Address: _____

Prior elected or appointed offices held (if any): _____

Present and past community volunteer activities: _____

Why are you interested in serving on this Council/Board?_____

_____

_____

Do you have any unique skills or experiences which would be beneficial to the City to know in selecting someone to serve? _____

_____

_____

Are there any particular projects, programs or goals you would like to see achieved while serving on the Council/Board? _____

_____

Signature: _____ Date: _____

Please return this form to:
City Administrator Steve McFarland | PO Box 10 Dell Rapids, SD 57022 |
stevem@cityofdellrapids.com