



# City of Valley Falls

Established 1854

## Interest Form

### CONTACT INFORMATION

NAME: (LAST)			(FIRST)			(M.I.)		
DATE OF BIRTH:				DRIVER LICENSE #:				
PHONE:				ALT PHONE:				
EMAIL:								
MAIL BILLS TO: STREET			CITY Valley Falls		STATE KS	POSTAL CODE 66088		

### GENERAL INFORMATION

Please indicate the boards you would like to serve on:

- |   |   |
|---|---|
| <input type="checkbox"/> Planning & Zoning Commission | <input type="checkbox"/> Valley Falls Housing Authority |
| <input type="checkbox"/> Community Development Board  | <input type="checkbox"/> Code Enforcement Committee     |

I have previously served on a Board, Commission, or Committee of the City of Valley Falls.

Please indicate any boards, commissions, or committees you are currently serving or have served on in the past.

Are you related to a member of the City Council or City staff?  YES  NO

If so, please provide name:

Please indicate why you are interested in serving on a board or commission for the City of Valley Falls.

Please provide your experience or background as it relates to the Board

## ACKNOWLEDGEMENT & UNDERSTANDING

As a board or commission applicant, I understand that appointed members are expected to attend meetings (meeting frequency and times vary), and I commit to making myself available to attend such meetings.

I understand that my involvement on the board, commission, or committee is advisory in nature, and that under no circumstances shall I act on behalf of or for the City of Valley Falls or purport to have the authority to bind the Corporation.

I agree that, if appointed, I will adhere to the volunteer responsibilities and expectations as well as the code of conduct. I understand that all boards, commissions, or committee and their members follow Kansas Open Meeting Act, Kansas Open Records Act, Code of Conduct, and other guiding documents, and I agree to adhere to and conduct myself in accordance with those rules and regulations.

I consent to the City conducting a basic background check by submitting this form.

APPLICANT SIGNATURE:

DATE: