City of Brookfield Park Board Application

Applicant Information Full Name:
Address:
City, State, ZIP:
Phone Number:
Email Address:
Residency Verification Are you a resident of the City of Brookfield? □ Yes □ No
If yes, how long have you lived in Brookfield?
Employment Information Current Employer (if applicable):
Occupation/Title:
Work Phone:
Education & Experience Please describe any education, training, or experience that would be useful in serving on the Park Board (include volunteer work, community service, recreation background, etc.):
Community Involvement Have you served on any City boards, commissions, or committees before? Yes No
Please describe any other civic, community, or volunteer organizations you have been involved with:

Interest in Serving Why are you interested in serving on the P	ark Board?		
What skills, ideas, or perspectives would y	ou bring to t	he Park Bo	ard?
Availability The Park Board typically meets once per n	nonth at 5:30	p.m. at Cit	ry Hall.
Will you be able to regularly attend meetin explain):	_		
References (Optional) 1. Name:	Phone	9:	
2. Name:	Phone	9:	
Certification I certify that the information provided in the my knowledge.	his applicatio	on is true a	nd complete to the best o
Signature:	Date	e:	
Submit Completed Application To: City of Brookfield Attn: City Clerk's Office 116 W. Brooks Brookfield, MO. 64628			
Email: tsportsman@brookfieldcity.com	SPhone:	660-258-3	377