



CITY OF DOUGLAS WYOMING
HOME OF THE JACKALOPE

Volunteer Application

Return to: 101 N. 4th Street / P.O. Box 1030
Douglas, WY 82633
307-358-3462, Fax: 307-358-6447

Received
MAR 26 2024
City of Douglas

Name of Applicant: John Rabun

Address: 636 VAN BUREN ST- City/State/Zip: Douglas, WY 82633

Mailing Address (if different from above): _____

Home Phone: <u>NA</u>	Cell Phone: <u>359-3767</u>	Work Phone: <u>NA</u>	Email: <u>JRabun67@gmail.com</u>
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1. Are you a resident of the City of Douglas? Yes No

2. I am interested in serving on the following Boards/Commissions (Please all that apply):

Boards/Commissions/Committees:

- Douglas Planning & Zoning Commission/Board of Adjustments
- Historic Preservation Commission
- Converse County Tourism Promotion Board
- Douglas Housing Authority Board
- Federal Urban Systems Advisory Committee
- Douglas Board of Appeals
- Steering Committee Member (when applicable)
- Focus Group Member (when applicable)
- Community Facility Task Force
- Arts & Culture Board of Trustees
- Recycling Task Force
- Other: _____

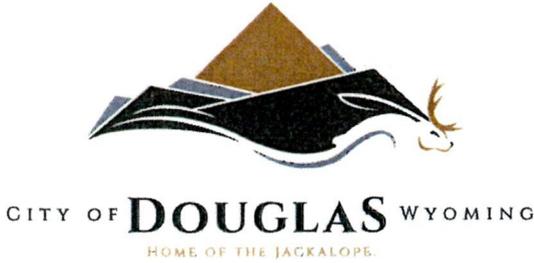
3. Have you served on any of these Boards/Commissions previously? Yes No

4. If "Yes", please indicate which Boards/Commissions and when you served: Community

Facility Task Force 2023

5. In what community/communities did you previously serve? I served on the

Parks & Rec Board in Ft. Collins, CO in the 80's



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6. In what position(s) would you be willing to serve? *(Please select all that apply.)*

- Chairperson
- Vice Chairperson
- Secretary
- Treasurer
- Board, Commission, or Committee member only

7. Do you understand the attendance requirements as provided per Douglas Municipal Code and/or the Bylaws of the Board or Commission you wish to serve on? Yes No

8. If "No", please provide a description of your question(s): _____

9. Why are you seeking this appointment(s)? I WOULD LIKE TO SEE THE CITY OF DOUGLAS & CONVERSE COUNTY ATTAACH MORE OPPORTUNITIES & EVENTS TO OUR AREA.

John Rodum
Signature of Applicant

3-26-24
Date

For Office Use Only: Selected for: _____ Length of Term/Dates: _____ Additional Information: _____ _____ _____
