CITY OF DOUGLAS
Volunteer Application

Name of Applicant: _____

Street Address: _____

Mailing Address: _____
(if different from above)

Home Phone: _____   Cell Phone: _____
Office Phone: _____   e-mail: _____

Resident of the City of Douglas?   ❏ Yes   ❏ No
 (requirement only for Commissions)

I am interested in serving on (can select more than one):

Boards/Commissions:
- ❏   Douglas Planning Commission/Board of Adjustment
- ❏   Historic Preservation Commission
- ❏   Converse County Tourism Promotion Board
- ❏   Douglas Housing Authority Board
- ❏   Federal Aid to Urban Systems Board
- ❏   Other: _____

Focus Groups:
- ❏   _____

Why are you seeking the appointment(s)?   _____
_____
_____
_____
_____
_____
_____

Dated: _____   _____
                                (Signature of Applicant)

For Office Use Only:

Selected for: _____
Length of Term/Dates: _____
Additional Information: _____
_____
_____