



**Application for Appointment to the:
NWHHSC Advisory Commission**

Name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Home Telephone: _____ Work Telephone: _____

How long have you been a resident of this city? _____

Please list past or present civic or volunteer organization memberships, particularly those which may be relevant to participation in the Advisory Commission:

Please describe other qualifications, experience, education, or special interests which you would like the City Council to consider for the appointment of Advisory Commission member:

Please list any particular human service issues, needs, or problems that you feel strongly about:

Why do you want to serve on the NWHHSC Advisory Commission?

By signing below:

- I agree to the sharing of the information on this sheet with Northwest Hennepin Human Services Council;
- I understand the importance of regular Advisory Commission meeting attendance and participation and I feel I have the time available to be an active participant.

Signature _____

Date _____