

**COUNTY OF YELLOW MEDICINE
APPLICATION FOR COMMITTEE/BOARD APPOINTMENT**

TO: Chairman and County Board Members

I am interested in serving on the _____
Board/Committee and submit the following information for your consideration.

Name: _____

Address: _____

Telephone Number: (Home) _____ (Work) _____

(Cell) _____

E-mail: _____

EDUCATION:

Post High School	Course/Degree	Years Attended
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE: (List last position first)

Employer	Location	Position (Title)	Years Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give your reason (s) why you would like to serve on the Committee/Board you have indicated:

Signature

Note: Please return this application to the Yellow Medicine County Administrator, 180 8th Ave., Granite Falls, MN 56241.