

Application for Appointment to Boards, Committees, and Commissions City and Borough of Sitka

Name:		Preferred Phone:	
Address:		Alternate Phone:	
Email Address:		Fax Number:	
Length of Residence i	n Sitka:	Registered to vote in Sitka?Yes	No
Employer:			
Organizations you belo	ng to or participate in:		
Explain your main reasc	on for applying:		
What background, expe	rience or credentials will you bring	to the board, commission, or committee members	hip?
not limited to: • A substantial fire	·	arise from your appointment. These may include but nat could be influenced by your appointment. e scope of this appointment.	ut are
Please attach a letter of that will enhance your r		ncludes your education, work, and volunteer exper	ience
(To be considered, your a	application must be complete <u>AND</u> be	e accompanied by one of the above supporting docum	ents.)
Date:	Signature:		
Your complete applica		rned to the Municipal Clerk's Office by noon	
during open session o	f an Assembly meeting, however,	and published online. Appointments are normally Assembly members may vote to discuss applicates when your application is discussed?Yes _	nt(s) in
	Retur	n to:	

Board/Commission/Committee:_____