

**APPLICANT INFORMATION
VOLUNTEER COMMISSIONS
CITY OF CHASKA**

(Please use black ink or type.)

Date: _____

Name of Preferred Commission: _____

Secondary Commission Choice: _____

Personal Information:

Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Email Address: _____

Place of Employment: _____

1. Please describe work, volunteer, or life experience that you have had that would prepare you for being a member of this commission.

2. What skills and abilities do you have that would be helpful in doing the work of this commission?

