



Village of Ashwaubenon | 2155 Holmgren Way, Ashwaubenon, WI 54304  
P: 920.492.2301 F: 920.492.2328

## APPLICATION FOR APPOINTMENT TO A VILLAGE BOARD, COMMITTEE OR COMMISSION

### What Board, Committee or Commission are you are you interested in serving on:

(You may check more than one box)

- |  |                             |  |                                 |
|--|-----------------------------|--|---------------------------------|
| <input type="checkbox"/> Bicycle & Pedestrian Committee  | 2nd Mon. of Month-3:30pm    | <input type="checkbox"/> Police & Fire Commission            | Meets as Needed                 |
| <input type="checkbox"/> Community Development Authority | 1st Tues. of Month-12:00 pm | <input type="checkbox"/> Public Works & Protection Committee | 1st Tues. of Month-6:30 pm      |
| <input type="checkbox"/> Ethics Board                    | Meets as Needed             | <input type="checkbox"/> Site Plan Review Committee          | 1st & 3rd Tues. of Month-3:00pm |
| <input type="checkbox"/> Finance & Personnel Committee   | 3rd Tues. of Month-5:30pm   | <input type="checkbox"/> Tree Board                          | 4th Thurs. of Odd Months-5:30pm |
| <input type="checkbox"/> Park & Recreation Board         | 3rd Tues. of Month-7:00pm   | <input type="checkbox"/> Village Board                       | 4th Tues. of Month-6:00pm       |
| <input type="checkbox"/> Plan Commission                 | 1st Tues. of Month-5:30pm   | <input type="checkbox"/> Zoning Board of Appeals             | 2nd Thurs. of Month as Needed   |
| <input type="checkbox"/> Other: _____                    |                             |  |                                 |

### GENERAL INFORMATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Resident of Ashwaubenon YES or NO If yes, years \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Highest Grade or Degree/Major Course of Study \_\_\_\_\_

### CIVIC AND OTHER ACTIVITIES

Please list past and present civic activities and organizational memberships; especially those which may be relevant to the appointment you are seeking:

ORGANIZATION	DATES SERVED	ROLE / POSITION

**TIME CONSTRAINTS**

Please list time constraints relative to the duties of the board, committee or commission of interest:

---

---

**TASK OR BASIC MISSION:**

What do you believe to be the most important task or basic mission of the board, committee or commission in which you are interested?

---

---

**CONFLICT OF INTEREST:**

To the best of your knowledge and belief, would there be any conflict of interest (personal business, investment, etc.) if you were appointed to a board, committee or commission? If yes, why?

---

---

**COMMENTS:**

Please briefly describe other qualifications, experience and other information in which you would like the Village Board to consider or which you believe are particularly relevant to the appointment you are seeking:

---

---

---

---

---

---

---

---

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your interest in serving the Village of Ashwaubenon**

**Please return completed applications to the Village Clerk’s Office:**

Email to: [kteske@ashwaubenon.gov](mailto:kteske@ashwaubenon.gov)  
Mail to or Drop-off at: Village of Ashwaubenon, 2155 Holmgren Way, Ashwaubenon, WI 54304-4605