



**CITY OF LINDSBORG
PARKS & RECREATION ADVISORY
BOARD MEMBER APPLICATION**

Name: _____ Date: _____
Last First

Address: _____
Number & Street City Zip Code

Work Phone: _____ Cell Phone: _____

Best Time to Call: _____ AM/PM Email: _____

If appointed, how much time are you able to devote to the Recreation Board?
Hours per week _____ Hours per month _____

Best meeting days/times: Circle all that apply (*Please indicate times available*)

Monday Tuesday Wednesday Thursday Friday
Times: _____

Why do you want to be a member of the Parks & Recreation Advisory Board?

If you could achieve one goal during your term as a Parks & Recreation Advisory Board member, what would it be?

What do you believe you can contribute to the Parks & Recreation Advisory Board? What relevant experiences or qualifications do you have? (i.e. previous/current board positions (please specify which board), volunteering experience, community and/or school involvement)

Other Comments:

If you were not appointed to the Board at this time, would you like your name to be placed on a volunteer list to assist the Board in various ways? Yes____ No____

*****Applications will be reviewed by the Parks & Recreation Department and will make a recommendation to the Mayor. The Lindsborg City Council will make the final decision regarding appointments.**

I realize that there are certain expectations that come with serving on the Lindsborg Parks & Recreation Advisory Board. I understand that I will be expected to commit time and effort to the board, and to attend all meetings and events if possible.

Applicant's Signature

Date

Please complete this application and return to:

**City of Lindsborg
Parks & Recreation Department
P.O. Box 70
Lindsborg, KS 67456**

Phone: (785) 227-3333 Fax: (785) 227-4128
Visit our Website: www.lindsborgcity.org