



APPLICATION FOR APPOINTMENT TO AN ADVISORY COMMITTEE, COMMISSION

Committee of Interest

INSTRUCTIONS:

1. Please see the back of this page for a list of Advisory Committees/Commissioners in Chisago County, and enter the committee name for which you are applying in the space above.
2. Please complete one application for each committee appointment you are seeking.
3. Notice of Rights Identified on next page.

(Please Print)

NAME: _____

Last

First

Middle

ADDRESS: _____

Street

City

State

Zip

TELEPHONE: _____

Home

Business

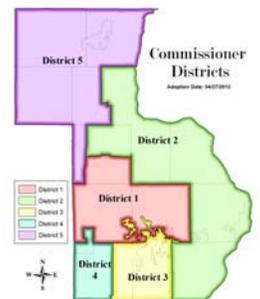
FAX NO.: _____

E-MAIL ADDRESS: _____

IN WHICH COMMISSIONER DISTRICT DO YOU RESIDE? _____

IF YOU RESIDE IN A TOWNSHIP, PLEASE LIST? _____

LIST EXPERIENCE OR SKILLS YOU HAVE RELATING TO THE APPOINTMENT
YOU ARE SEEKING: _____



LIST SPECIAL OR PERSONAL INTERESTS RELATING TO THE APPOINTMENT YOU ARE SEEKING:

WHY DO YOU WANT THIS APPOINTMENT? _____

RETURN THIS APPLICATION TO:

CHISAGO COUNTY
Clerk of the Board
313 North Main Street, Room 175
Center City, MN 55012
Phone: 651/213-8830
Fax: 651/213-8876

Signature of Applicant

Date

ADVISORY BOARDS, COMMITTEES & COMMISSIONS

- * Board of Adjustment & Appeals
- Citizen Review Panel
- Comfort Lake/Forest Lake Watershed District Extension Committee
- Five County Mental Health Board
- Housing & Redevelopment Authority - Economic Development Authority (HRA-EDA)
- Library Board
- Noxious Weed Appeal Committee
- Parks Board
- * Planning Commission
- Public Health Commission
- Special Task Forces; Ad Hoc Committees:
 - Limited Term Study Group
 - Water Plan Policy Team

*** If you are interested in appointment to the Board of Adjustment & Appeals or Planning Commission, please complete the attached questionnaire.**

NOTICE OF RIGHTS

In accordance with the Minnesota Government Data Practices Act, Chisago County is required to inform you of your rights as they pertain to private information collected from you. Private data is that information which is available to you, Chisago County Administration and the department to which you are applying but not to the public.

The purpose of the collected information is to determine your eligibility to participate on a commission or advisory board. Furnishing the requested information is voluntary, although refusal to supply the information may make you ineligible for an appointment.

Names and home addresses of applicants for appointment to the members of an advisory board or commission are public, as are rank on eligibility list, job history, education, training and work availability. All other information obtained from you is private.

ADDITIONAL INFORMATION REQUIRED FOR COMMITTEE APPOINTMENT

If you are interested in appointment to the Planning Commission OR the Board of Adjustment, please complete the following information.

1. How long have you been a resident of Chisago County? _____
2. Do you reside in a _____ City or _____ Township? (Please check one)
3. Do you have experience with or knowledge about land use/zoning issues?
_____Yes _____No; If yes, please explain your knowledge and/or experience.

4. Have you ever served or do you currently serve on a local town board, city council or local planning commission? _____Yes _____No; If yes, please tell us where you served and how long you served:

5. During the past two years, have you received any substantial portion of income from business operations involving the development of land? _____Yes _____No
If yes, please explain:

6. Regular attendance at monthly meetings of the Planning Commission and/or the Board of Adjustment is very important. Can you commit to attendance at monthly meetings? _____Yes _____No
7. Special meetings also occur throughout the year, usually in the evenings, for the Planning Commission. Can you commit to attendance at special meetings with proper notice? _____Yes _____No

Explanation of Your Rights

Completion of this form is optional. It is not part of the application process. The purpose of this form is to authorize release of your e-mail (if any) and fax or telephone number(s) to members of the Chisago County Board of Commissioners. Authorizing release of your contact information is not required. If you decline to complete this release, the commissioners who will make the decision regarding your application for appointment to the committee, board or commission will not be able to contact you in advance of his/her decision or vote.

If you have a question about anything on this form, or would like more explanation, please contact the Clerk to the County Board before you sign it.

Waiver and Release

As an applicant for an opening with one of Chisago County's committees, boards or commissions, I understand that I have a right to have some personal information remain private. I recognize Chisago County Commissioners may want to contact me and inquire about my interest and qualifications regarding this position. I, _____, hereby waive my right to keep the specified data private.

I, _____, give my permission for Chisago County to release data about me to Chisago County Commissioners, currently serving on the Chisago County Board of Commissioners, as described on this form.

1. The data I want Chisago County to release includes e-mail address, and any fax or telephone number(s) included on my application. Data to be released (check corresponding box(es)):

e-mail address; fax number; home phone; business/work phone; cell phone

2. I understand that I am authorizing Chisago County to release the data to members of the Chisago County Board of Commissioner, currently serving on the Chisago County Board of Commissioners, for the sole purpose of contacting me regarding my application.
3. I understand that the data are classified as private data at Chisago County and the classification or treatment of the data after release to any commissioner remains private data and shall not be further released, without my express written consent.

This authorization to release expires ninety (90) days from the date of my signature **or** upon the filling of the position on the committee, board, or commission, whichever comes first.

Individual data subject's signature _____ Date _____