Board or Commission Application

Office of the Mayor City of Shelby

43 West Main Street Shelby, OH 44875

Application for appointment to: **HEALTH DEPARTMENT ADVISORY BOARD**

Name: Date:

Address: Home Phone Number: Work Phone Number: Email Address:

Registered Voter:

Yes

No Length of Residence within city limits: \_

Employer:

Educational Background:

Civic and Professional Activities:

Remarks on Background, Experience, and Interest relative to the appointment you are seeking:

Signature: \_ Term-----------

Please return the completed application to Stacey Gunder, Administrative Assistant to the Mayor, City Hall, 43 West Main Street, Shelby, OH 44875. 419-347-1193 fax number