

# CITY OF OSCEOLA

## Application for Boards and Commissions

Last Name	First	Middle Initial	Date
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )
Have you ever served on a board or commission with the City of Osceola? _____ Yes    _____ No    If yes: Which Board or Commission    _____			
Board or Commission of Interest (List All):   			

## Special Education and Other Special Qualifications

## Membership in Professional or Civic Organization

Signature of  
Applicant: \_\_\_\_\_

Date: \_\_\_\_\_