



BOARD OF TRUSTEES

APPOINTMENT APPLICATION FORM

NAME:			
ADDRESS:			
	House Number	Street Name	P.O. Box
PHONE 1:			<input type="checkbox"/> Land Line <input type="checkbox"/> Cell Phone
	Area Code and Phone Number		
PHONE 2:			<input type="checkbox"/> Land Line <input type="checkbox"/> Cell Phone
	Area Code and Phone Number		
E-Mail:			
<input type="checkbox"/>	Yes, I am interested in filling the vacancy on the Board of Trustees.		
<input type="checkbox"/>	Yes, I plan to run for the vacant seat at the next election (optional).		
<input type="checkbox"/>	Yes, I will commit to completing the required online training.		
<input type="checkbox"/>	Yes, I would be willing to submit to a drug test.		
Occupation:			
Emergency Preparedness:			
<i>As a Village Trustee, you will be a responsible person in the Village's Emergency Preparedness Plan. Please confirm that you understand the importance of this responsibility.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials			
Qualifications:			
Comments:			
SIGNATURE			DATE
APPLICANTS MUST BE A RESIDENT OF THE VILLAGE OF MAPLE PARK FOR AT LEAST ONE YEAR			