APPOINTMENT APPLICATION

BOARD/COMMITTEE/COMMISSION: ________________________________

NAME: ___________________________ PREFERRED NAME: ____________

MAILING ADDRESS: ________________________________

HOME ADDRESS: ___________________________ PHONE: ________________

YEARS OF CHEYENNE RESIDENCY: _______________________

E-MAIL: ___________________________ CELL PHONE: ________________

EDUCATION/DEGREES: ________________________________

Please explain your interest in serving on this Board/Committee/Commission (new appointments only):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other City or community volunteer experience: ________________________________

________________________________________________________________________

Skills & Experience: ________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ___________________________ Date: ________________

FOR OFFICE USE ONLY

New Appointment: _____ Or Reappointment: _______ Term Length: _______ Year(s)

Full Term: _______ Or Unexpired Term: _______ Exp. Date: ______________

Comments: ________________________________

Please return to: Mayor’s Office
2101 O’Neil Avenue
Cheyenne, WY 82001
(307) 637-6300 / FAX (307) 637-6378
mayor@cheyennecity.org

(Please attach any additional information you wish to share regarding this application)

Notice to Applicants: Application information is subject to the Wyoming Public Records Act and may be considered to be a public record.