Application

To volunteer for commissions and committees

Name: _____
Address: _____
Phone Number: _____
When is the best time to reach you? _____
Position(s) volunteering for: _____
Do you own a business in Eureka Springs? _____
If so which one(s): _____
How long have you resided in Eureka Springs? _____
Work history and/or education:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

How do you think the city would benefit by having you serve in this position?

_____
_____
_____
_____
_____

Are there any other positions you would be interested in serving?

_____

Have you ever served on a commission or committee with the city?
If so where, when and what was it?

_____
_____

Are you a qualified elector? _____
Do you live inside the city limits? _____**For how long?** _____

Signed _____**Date**_____

City Council members will contact you prior to the vote on your nomination.

Applicants are encouraged to attach any additional information