

## 300 Third Avenue Northeast Cambridge, MN 55008 www.ci.cambridge.mn.us

(763) 689-3211 (763) 689-6801 FAX

## Application for Appointment Cambridge Parks, Trails, and Recreation Commission

Name	Date
Address	
Residence or Business in Cambridge Area (years)	
E-mail Address	Employer
Occupation	Work Telephone
Education (Please indicate highest grade completed o	or highest degree and major course of study)
Civic and Other Activities (Please list past and presen memberships, particularly those, which may be relev. Use additional pages as necessary.)	ant to the appointment you are seeking.
Comments (Briefly describe other qualifications, experience of would like the City to consider or which you believe a	erience, and other information which you are particularly relevant to the appointment
you are seeking. Use additional pages as necessary).	
Data Privacy Information provided by you on this application will be used information pertaining to your application for this commission apperform your duties as a member of this commission, in connect and telephone number(s) will be distributed to appropriate staff voluntary, and you are not required by law to furnish any of the not furnish this information, however, we may have trouble con application and, if selected, with your duties on the commission economic interests will be requested in accordance with the City	d solely and exclusively for providing you with and, if selected, the information necessary to tion therewith, a list containing your name, address, if. Participation as a commission member is strictly information requested on this application; if you do tacting you with information regarding your.  (If selected, information related to personal
Signature	