

---

---

## Application for Appointment to Sister Cities Commission

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Residence in Cambridge Area (years) \_\_\_\_\_ Home Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Work Telephone \_\_\_\_\_

(\*\*Note—Most Commission members must either be a resident of Cambridge or a business owner in Cambridge)

Term Length--3 years

Education (Please indicate highest grade completed or highest degree and major course of study) \_\_\_\_\_

Civic and Other Activities (Please list past and present civic activities and organizational memberships, particularly those, which may be relevant to the appointment you are seeking. Use additional pages as necessary.) \_\_\_\_\_

Comments (Briefly describe other qualifications, experience, and other information which you would like the City to consider or which you believe are particularly relevant to the appointment you are seeking. Use additional pages as necessary). \_\_\_\_\_

**Application Deadline Thursday May 30, 2024 at 4:30 pm.**

### Data Privacy Information

The information provided by you on this application will be used solely and exclusively for providing you with information pertaining to your application for this commission and, if selected, the information necessary to perform your duties as a member of this commission, in connection therewith, a list containing your name, address, and telephone number(s) will be distributed to appropriate staff. Participation as a commission member is strictly voluntary, and you are not required by law to furnish any of the information requested on this application; if you do not furnish this information, however, we may have trouble contacting you with information regarding your application and, if selected, with your duties on the commission. (If selected, information related to personal economic interests will be requested in accordance with the City of Cambridge Code of Ethics Policy.)

Signature \_\_\_\_\_