

City Clerk's Office 710 Mill Bay Road, Rm. 110 Kodiak, AK 99615 (907) 486-8636 / (907) 486-8600 (fax)

Advisory Board, Committee or Commission Application

Applicant Information				
Full Name	<u>, , , , , , , , , , , , , , , , , , , </u>			
	Last First M.I.			
Mailing Address:				
Address.	Street Address or PO Box	Apartment/Unit #		
	City State	ZIP Code		
Phone:	Email:	_		
Are you a	resident of the City of Kodiak?	YES	NO	
Which Cit	y of Kodiak advisory board are you applying for?			
Are you an active user of the services this board/committee/commission is tasked with providing advisement on?			NO	
If yes, plea	ase describe your experience with these City-provided services:			
Have you	ever served on a municipal advisory board, commission or committee?	YES	NO	
If yes, pleaserved:	ase provide details including name, scope of work, location, and years			
taking me	ave any skills or experience with Zoom meetings, Robert's Rules of Order, eting minutes, Alaska's Open Meetings Act, meeting facilitation or other neeting-related tasks? (If yes, please include on back)	YES	NO	
Are you w	rilling to participate in extra trainings or webinars?	YES	NO	
•	cknowledge there may be attendance requirements to maintain your ent to this board, committee, or commission?	YES	NO	
Are you a	vailable to participate in daytime meetings?	YES	NO	
•	vailable to participate in evening meetings?	YES	NO D	
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Please briefly describe your interest. Include any releval experience. You can attach another page if necessary. with this form.	
Disclaimer and S	Signature
I understand that this document will be published on the C Council and public review. I certify that my answers are appointed, I fully commit to learning Advisory Board, Conguiding legislation. I understand there may be meeting attempts.	ity of Kodiak website and meeting portal for Mayor, true and complete to the best of my knowledge. If nmittee, or Comisssion duties, scope of work, and
Signature:	Date: