



Active Transportation Advisory Board

APPLICATION FOR APPOINTMENT

Note: Your application will be copied for the City Commission and made available to the press and public

Name: _____

Home Address: _____

Mailing Address: _____

Occupation: _____

Business Address: _____

Home Telephone: _____

Business Telephone: _____

E-mail: _____

Are you a resident of Pittsburg? ____ If yes, how long have you lived in Pittsburg: _____

Current occupation (within last 12 months): _____

Business interest in the last 12 months: _____

Previous Committee/Commission Experience: _____

Education/Experience: A resume may be attached containing this and any other information that would be helpful in evaluating your application. _____

Professional and/or community service activities: _____

Please explain your reasons for wishing to serve on this committee/commission and how you feel that you may contribute: _____

Area of representation (please circle all that apply):

- Resident of NE quadrant Resident of NW quadrant Resident of SE quadrant
- Resident of SW quadrant Health care industry Disability advocate
- Member of a non-profit organization promoting healthy lifestyles in the Pittsburg area

The Active Transportation Advisory Board meets at Noon on the first Tuesday of each month. Appointment to this position may require you to file a Conflict of Interest Disclosure Statement, which is a public record.

Signature of Applicant: _____

Date: _____

If you have any questions regarding the appointment procedure, please contact the City Clerk by phone at (620)230-5532 or by email at tammy.nagel@pittks.org.

Please return your completed application to:
City of Pittsburg
Attn: City Clerk
PO Box 688
Pittsburg, KS 66762