



# Board Application

Date: \_\_\_\_\_

## Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_  
Home and/or Business E-mail

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Board Experience

List boards for which you are interested in serving:

\_\_\_\_\_

\_\_\_\_\_

What significant contributions do you feel you can make to a Board?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List previous and present public service experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you serve on another City of Wichita board?  Yes  No If yes, name of City board: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

## Optional Information

<b>Ethnic Origin:</b> <small>(check one)</small>	<input type="checkbox"/> African-American	<b>Age:</b> <small>(check one)</small>	<input type="checkbox"/> Under 18
	<input type="checkbox"/> Asian		<input type="checkbox"/> 18-29
	<input type="checkbox"/> Caucasian		<input type="checkbox"/> 30-49
	<input type="checkbox"/> Hispanic		<input type="checkbox"/> 50-69
	<input type="checkbox"/> Native American		<input type="checkbox"/> Over 70
	<input type="checkbox"/> Other (specify) _____		
<b>Gender:</b>	<input type="checkbox"/> Male		
	<input type="checkbox"/> Female		

Please complete and return this form to:  
**City Council Office, 1<sup>st</sup> floor, 455 N Main, Wichita, KS 67202.**

Contact: Rebecca Fields, [rfields@wichita.gov](mailto:rfields@wichita.gov), or 268-4331, if you have any questions regarding this form.