



## Board Application

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you been a resident of Jola? \_\_\_\_\_

Briefly describe why you are interested in serving on this Board for the City of Jola?

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Please list any groups or activities that you participate in.

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Please check or number in order of preference the board(s) you are interested in serving on.

\_\_\_ Board of Zoning Appeals    \_\_\_ Convention & Tourism    \_\_\_ Library Board    \_\_\_ Planning Commission  
\_\_\_ Public Housing Authority    \_\_\_ Recreation Advisory Committee    \_\_\_ Tree Board

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

**Please return to the City Administrator's Office at City Hall  
2 W. Jackson Jola, KS 66749**

*Thank you for your interest in serving on a Board/Commission  
It is rewarding to see individuals who are willing and able to  
commit their time and energy to make the City of Jola  
a better place to work, live and play.*