



CITY OF MARSHALL
BOARD COMMISSION, AUTHORITY OR BUREAU
APPLICANT INFORMATION FORM

Please indicate the Board/Commission to which you are interested in being appointed:
(If more than one, please number in order of choice; you can only serve on one board, commission, authority, or bureau)

- ___ Adult Community Center Commission (meets second Wednesday of each quarter at 12:00 p.m.)
- ___ Airport Commission (meets first Tuesday of every month at 4:30 p.m.)
- ___ Community Services Advisory Board (meets first Wednesday every other month at 4:30 p.m.)
- ___ Convention & Visitors Bureau (meets second Thursday of each month at 10:00 a.m.)
- ___ Diversity, Equity, and Inclusion Commission (meets first Wednesday of each month at 3:00 p.m.)
- ___ Economic Development Authority (meets the third Wednesday of every month at 12:00 p.m.)
- ___ Library Board (meets the second Monday of every month at 4:00 p.m.)
- ___ Marshall Municipal Utilities Commission (meets the third Tuesday of every month at 4:30 p.m.)
- ___ M.E.R.I.T. Center Commission (meets the third Thursday of every month at 6:00 p.m.)
- ___ Planning Commission (meets the second Wednesday of every month at 5:30 p.m.)
- ___ Police Advisory Board (meets on an as needed basis)
- ___ Public Housing Commission (meets the second Monday of every month at 3:30 p.m.)

Applicant Information

Personal Information

Minnesota State Statute §13.601 states that once an individual is appointed to a public body the following additional items of data are public:

- (1) Residential address; and
- (2) Either a telephone number or electronic mail address where the appointee can be reached, or both at the request of the appointee.

Name: _____

(Home #): _____

Address: _____

(Work #): _____

(you must live within the City limits of Marshall with the exception of the MERIT Center and DEI Commissions)

(Cell #): _____

Email Address: _____

Have lived in Marshall _____ years

List your educational background:

WORK EXPERIENCE: (List most recent position first)

<u>Employer</u>	<u>Location</u>	<u>Position (Title)</u>	<u>Years Employed</u>

OVER

List any community organizations or activities on which you have recently or are now an active participant.

Briefly tell us why you would like to serve and/or continue to serve on this Board, Commission, Authority or Bureau

Signature

Date of Application

NOTE: The attached Consent for Release Information Forms must be completed before processing this application.

Please return the application and consent information to:

Mail: City of Marshall
City Clerk
344 West Main Street
Marshall, MN 56258

Email: steven.anderson@ci.marshall.mn.us
Fax: 507-537-6830

CITY OF MARSHALL
Background Check
Data Practices Advisory

*Read this Advisory before completing the 'Consent for the Release of Information'
and providing protected information on the next page.*

As an applicant for a volunteer opportunity or as a current volunteer with the City of Marshall, you are being asked to provide information about yourself that will be used to evaluate your suitability for the volunteer opportunity you are seeking or the volunteer position you hold with the city.

The purpose and intended use of the data required on the next page is to conduct the background inquiries which this City uses to establish your suitability for a volunteer opportunity or a continued volunteer position with the City of Marshall. A complete criminal history and driver's license check are conducted to determine your suitability for the volunteer opportunity.

<i>Data We May Request</i>	<i>Intended Use</i>
Full legal Name (to include maiden and previous married names)	To conduct a complete criminal history & background check
Date of Birth	To access driver's license & criminal history data
Driver's license number(s)	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background check.

You are not legally required to provide the requested information. However, if you do not, the City of Marshall will be unable to conduct the required background inquiries and will not be able to consider you for the volunteer opportunity. Current volunteers that fail to provide the requested information may be released from voluntary service.

I, _____, have read and understand the information stated above.
(Full Legal Name of Applicant/Volunteer)

Applicant/Volunteer Signature

Parent/Guardian Signature
(If Applicant/Volunteer is NOT 18 years of age or older)

Date

Date

For Office Use Only:	
In-House:	<input type="checkbox"/> No Record Found <input type="checkbox"/> Yes Comments: _____ Processed by: _____ Date: _____
CCH:	<input type="checkbox"/> No Record Found <input type="checkbox"/> Yes Comments: _____ Processed by: _____ Date: _____
POR:	<input type="checkbox"/> No Record Found <input type="checkbox"/> Yes Comments: _____ Processed by: _____ Date: _____

