



APPLICATION FOR WEST METRO FIRE RELIEF ASSOCIATION BOARD OF TRUSTEES

Return application to: 4251 Xylon Ave N, New Hope MN 55428

Email: slarson@westmetrofire.com

Please check one: ☐ New Hope Resident ☐ Crystal Resident

Thank you for your interest in serving your community as a volunteer.

Your application will be kept on file for one year.

PERSONAL INFORMATION *(please print)*

Name _____ Length of city residency _____
First Middle Last

Street Address _____ Zip _____

Home Phone _____ Work Phone _____

Cell _____ Email _____

Employer _____ Occupation _____

STATEMENT OF INTEREST

Why are you interested in serving on the board of trustees? _____

COMMUNITY, CIVIC OR VOLUNTEER EXPERIENCE

Please list your volunteer experience. _____

ATTENDANCE AND CONFLICT OF INTEREST

Are you aware of the meeting schedule for this board, and are you able to attend meetings regularly? Yes _____ No _____

For reappointments only: If you have not been able to attend meetings regularly, please explain:

A conflict of interest may arise by your participation in an activity, action or decision from which you receive or could potentially receive direct or indirect personal financial gain. Do you have any legal or equitable interest in any business which, in the course of your participation on this board, could give rise to a conflict of interest? Yes _____ No _____

(If yes, please provide details on a separate sheet of paper.)

As a board member, what issue(s) might cause conflict between your civic responsibility and personal or professional interests? How would you manage these conflicts?

NEW APPLICANTS ONLY:

Have you ever attended and observed a board of trustee meeting?

Yes, on _____ Not yet, but I will attend a meeting on _____
(date of meeting) (date of meeting)

EDUCATION AND PROFESSIONAL FINANCIAL EXPERIENCE

Describe your education and/or professional experience. _____

IMPORTANT INFORMATION CONCERNING YOUR APPLICATION

DATA PRIVACY NOTICE: Minnesota law requires that you be informed of the purposes and intended use of the information you are providing on this application. Pursuant to Minn. Stat. §13.601, your name, address, length of residence, occupation, education, training, civic affiliations, qualifications and experience are public data and is available to anyone who requests the information.

The information you provide will be used to identify you as an applicant, enable us to contact you when additional information is required, send you notices, and assess your qualifications for appointment. This data is not legally required, but refusal to supply the information requested may affect the City Council's ability to accurately evaluate your application.

Should you be appointed to the board of trustees, pursuant to Minn. Stat. §13.601, your residential address will become public information. In addition, either a telephone number or email address where you can be reached will become public. The purpose is to list contact information on a public roster.

Please select which of the following you will allow listed on a public roster (*you must select either email or one phone number*):

☐ EMAIL OR PHONE (*may choose more than one*): ☐ home ☐ work ☐ cell
☐ ALL OF THE ABOVE

I have read the data privacy notice given above and authorize investigation into all statements contained in this application. Furthermore, I authorize the City of Crystal to conduct a criminal

history background check, pursuant to Crystal City Code Section 311.01, Subd. 2, for purposes of determining my eligibility for a volunteer position with the City.

MN Driver's License or MN State ID Number: _____

If known by previous name, provide: _____

Applicant's signature

Date

Process

Step 1 Complete this application.

Step 2 Return completed application to Fire Chief Sarah Larson.

Step 3 Participate in an interview with either city council or the WMFRD Board.

Step 4 New applicants: attend fire relief association meeting to be formally appointed to the board.