

City of Saint Paul Tree Advisory Panel New Member Application Form

Please complete application form & return to:
Department of Parks and Recreation-Forestry
Attn: Cy Kosel
1100 N. Hamline Avenue
Saint Paul, MN 55108
Phone: 651-632-5129 Fax: 651-632-5115

The Minnesota Government Data Practices Act (Minnesota Statutes Chapter 13) governs the City's use of information contained in this application. Some of the information sought in this application is private data under the Act. The requested information will be used by the appointing authority to carry out the City's official appointment responsibilities. You are not required to provide any information. However, failure to answer the application questions may cause the appointing authority to reject your application. The majority of items contained in this application is public, including name, address, employment, skills, training and experience, and are therefore available to anyone requesting it. The remaining items on the application form are classified as private. The private data is available only to you and to other persons in the City who, because of work assignments, reasonably require access to the information.

Name _____

Home address _____

Street

City

State

Zip

Telephones _____

Home

Work

Fax

E-mail address _____

Mailing address _____

(If different from above)

Council Ward _____

Occupation _____

Employer _____

Personal Reference

Name _____

Address _____

Street

City

State

Zip

Telephones _____

Home

Work

Fax

What skills, training or experience do you possess that would benefit the Tree Advisory Panel?

Reason(s) for your interest in serving on the panel: _____

How did you hear about this opening? _____

In an attempt to ensure that committee representation reflects the makeup of our community, please check the applicable box. This information is strictly voluntary.

<input type="checkbox"/> Caucasian			<input type="checkbox"/> Hispanic			<input type="checkbox"/> African-American		
<input type="checkbox"/> Asian or Pacific Islander			<input type="checkbox"/> American Indian or Alaskan Eskimo					
<input type="checkbox"/> Male		<input type="checkbox"/> Female		Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No				

If special accommodations are needed, please specify _____
