CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM PLEASE TYPE OR PRINT IN BLACK INK

NAME:				
ADDRESS: Street	City		State	Zip Code
	•			I
Check Box to Have Email Address Redacte	PHONE:	6		
			Othor	سامموم میسامنس
PARTY AFFILIATION: (Please check one)	Democrat	Republican	Other,	please explain:
NAME OF APPOINTMENT BODY OR BOA	RD:			
BEGINNING DATE OF TERM:	EN	NDING DATE:		
The Champaign County Board appreciates your of your background and philosophies will ass Please complete the following questions by typi CONSIDERED FOR APPOINTMENT, OR REAND SIGN THIS APPLICATION.	ist the County Bing or legibly prin	oard in establishting your respon	hing your ise. IN C	qualifications. ORDER TO BE
1. What experience and background do you have reappointment?	e which you believ	ve qualifies you f	for this ap	pointment/
2. What do you believe is the role of a trustee/co carrying out the responsibilities of that role?	ommissioner/board	l member and ho	w do you	envision

3.	What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?
4.	Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain:
5.	Would you be available to regularly attend the scheduled meeting of the appointed body?
Y	es No If no, please explain:
	e facts set forth in my application for appointment are true and complete. I understand this application is ocument of public record that will be on file in the County Board Office.
	Signature
	Date