



Turner Recreation Commission Board Member Application

Board Appointed Position: #1 Term of Office: 9/5/2017 - 6/30/2020

*Recreation Commission members must be a Turner District resident during time of service on the Commission.

Submittal:

Application must be submitted to:

Connie Hijaz, Clerk of the Board
800 S. 55th St.
Kansas City, KS 66106

DEADLINE: Wednesday, August 30, 2017

Contact Information:

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Are you a current resident of the Turner District?

Yes No

Number of years as a resident of the Turner District? _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including parks and recreation experience outside of TRC involvement.

Previous Volunteer Experience

Summarize your previous volunteer experiences with TRC or TRC programs you have participated in and in what capacity.

Please describe why you believe you will be an asset to the Turner District and its youth by serving on the Turner Recreation Commission Board.

Please provide

- (a) your viewpoints on the current Recreation Commission's program of activities, and
- (b) your suggestions on how improvements to the current program(s) might be made:

Please describe what you believe should be the function of the five-member Recreation Commission Board.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete and I am aware that serving on the Turner Recreation Commission Board requires me to complete a form authorizing an investigative report on me that includes social security verification and criminal history records.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us!