

VILLAGE OF GLEN ELLYN

APPLICATION
VOLUNTEER ADVISORY BOARD OR COMMISSION

Name _____ Today's Date _____
(Last) (First) (Initial)

Home Address _____

Phone No.(s) (H) _____ (C) _____ E-mail _____

Business Address (including name of company) _____

Business Phone _____ Number of Years Glen Ellyn Resident _____

EDUCATIONAL BACKGROUND AND OTHER PERTINENT EXPERIENCE

Name, Location, Etc. From To

CIVIC AND FRATERNAL ORGANIZATIONS AND ACTIVITIES

BUSINESS OR PROFESSIONAL ACTIVITIES

(including type of present employment)

PLEASE INDICATE VILLAGE BOARD/COMMISSION INTERESTS

Thank you for your interest! Please return this completed form to:
Administrative Services Coordinator, 535 Duane Street, Glen Ellyn, IL 60137
(630) 547-5204 (630) 469-8849 Fax