

VILLAGE OF GLEN ELLYN

PERSONAL PROFILE OF APPLICANT
FOR SERVICE ON VOLUNTEER ADVISORY BOARD OR COMMISSION

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

Home Address _____

Phone No.(s) _____ 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:
Glen Ellyn Village Clerk, 535 Duane Street, Glen Ellyn, IL 60137
(630) 547-5201 (630) 469-8849 Fax