

Village of Skokie • Advisory Board/Commission Application

Name: Mr. / Ms. / Mrs./Dr. _____ E-Mail Address: _____

Address: _____ Zip Code: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Years of Skokie residency: _____

Education: _____

No. of children in school: Primary: _____ High School: _____ College: _____

Employer: _____

Occupation: _____

Business Address: _____

Two local references Name: _____ Phone: _____

Name: _____ Phone: _____

Please refer to the guide for meeting times to ensure that you are available to serve. _____

Commission interested in (1st Choice): _____

(2nd Choice): _____

(3rd Choice): _____

Interests / Affiliations: _____

Applicable experience (Attach a separate sheet if necessary): _____

Why do you wish to serve? (Attach a separate sheet if necessary) _____



Please return this Application to:

Mayor George Van Dusen
Village of Skokie
5127 Oakton Street
Skokie, Illinois 60077