



## Application for Service on Carver County Committee, Commission or Board

**Appointment Sought:**

**Applicant Name:**

First Name

Last Name

**Street Address:**

**City or Township:**

**Zip Code:**

**Daytime Phone:**

**Email Address:**

Please include a statement describing your qualifications and any other information that would be helpful to the Carver County Board of Commissioners. This may include employment, community service and education.

Conflict of interest is defined as the participation in any activity, recommended action, or decision from which the individual has or could have the potential to receive personal gain, whether it be direct or indirect. In accordance with this definition, do you have any legal or equitable interest in any business, however, organized, which could be construed as a conflict of interest?

Yes      No      If yes, please provide details:

I hereby certify that all information submitted by me as part of this application is true, correct, accurate and complete to the best of my knowledge.

Initials:

Date:

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**PLEASE RETURN THIS APPLICATION TO:**

Office of County Administration  
Carver County Government Center  
Human Services Building  
602 East 4th Street  
Chaska, MN 55318  
OR email to:  
admin-contact@co.carver.mn.us

APPLICATIONS WILL BE ACCEPTED UNTIL POSITIONS ARE FILLED