

City of Gilbert

www.gilbertmn.org

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Board/Commission ap	plying for:	
Board/Commission Pr	esently Serving:	
		Term:
Board/Commission Se	erved on in Past:	
		Term:
NAME:		·
ADDRESS:		
CITY/STATE/ZIP:		
Contact:	(218)	Cell Work Home (circle one)
Email:		
Number of years you	have been a Gilbe	ert Resident
		possess that would enhance your effectiveness as a volunteer on
a City of Gilbert board	l or commission?	
What is motivating vo	u to apply for thi	s board or commission?
what is motivating yo	и то арріу тог тіп	s board of commission:
Signature		 Date