



City Hall  
300 Main St.  
Cassville, MO 65625  
417-847-4441 fax 417-847-5001

**Volunteer Board / Commission / Committee Application**  
(Please print)

Name: \_\_\_\_\_

Ward: North / South

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_

Business / Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you related to any City of Cassville elected officials or employees? If yes, tell us who they are and how they are related:

\_\_\_\_\_

Do you prefer to be called / emailed at your home or business regarding scheduled meetings?

**Home**

**Business**

**Either**

(please circle one)

\_\_\_\_\_

Please identify only those areas where you would like to serve, in order of preference (1 being the most desired)

\_\_\_\_ Board of Adjustment

\_\_\_\_ Planning/Zoning Commission

Please briefly describe why you would like to be appointed to serve the community:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

(Office use only)

Date Received: \_\_\_\_\_

Term Expires: \_\_\_\_\_

Date Distributed: \_\_\_\_\_

Notification Letter Mailed: \_\_\_\_\_

Distributed To: \_\_\_\_\_

Date Appointed: \_\_\_\_\_