



City of Sultan

COMMUNITY ALLIANCE BOARD APPLICATION

Name: _____

Address: _____

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

E-Mail: _____

Are you currently a registered voter? Yes: _____ No: _____

Are you a City of Sultan Resident? Yes: _____ No: _____

If not, do you currently reside within the UGA? Yes: _____ No: _____

Do you have children who attend SSD? Yes: _____ No: _____

Do you have any relatives that are employees of the City of Sultan? If yes, which Department do they work with?

Please explain your interest in serving on the Alliance Board:

Community oriented experience relevant to the Alliance Board:

Community Involvement:

Additional Comments:

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

Signature: _____ Date: _____