

**Sherman County**  
**813 Broadway**  
**Goodland, KS 67735**  
**785-890-4800**  
**shermancountyks.gov**



## **Board and Commission Form**

*Please print clearly or type. Use additional sheets if necessary. Return form to the address above.*

Full Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Years lived in Sherman County: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Prior Appointed or Elected Offices held (if any):

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Please describe any present or past community involvement:

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Why would you like to serve?

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Referred by (if any):

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Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**I am seeking:**

New Appointment

Reappointment

**Please indicate the Boards or Commissions in which you are interested:**

- Goodland Regional Medical Center Board
- Fire District #1 Board
- Sherman County Community Development Board
- Public Building Commission