



CITY OF BLOOMINGTON
parks and recreation

APPLICATION

ADVISORY COUNCILS

Date: _____

Council for which you are applying: _____

Name: _____

Address: _____

Home phone: _____ Work/Cell phone: _____

E-mail: _____

Are you a City resident? _____

Occupation: _____

Why are you interested in applying for this position?

Why do you think you are qualified for this position?

Please return the completed form in person to the City of Bloomington Parks and Recreation Department, 401 N. Morton Street, Suite 250, Bloomington IN 47404, or by mail to P.O. Box 848, Bloomington IN 47402