



City Of Kalona

511 C Avenue – P.O. Box 1213
Kalona, Iowa 52247

Application for Board or Committee

Name: _____

Address: _____

Phone: _____ Email: _____

I would like to volunteer to serve on: _____

Place of employment and position: _____

Length of residence in Kalona: _____

Please give a brief statement of why you would like to serve: _____

Please give any other background or personal information that you feel would be helpful in the Board or Council in making their decision: _____

Signature of Applicant: _____ Date: _____