

APPENDIX D

KENILWORTH CITIZENS' ADVISORY COMMITTEE

CANDIDATE APPLICATION

Candidate's name: _____ **Phone:** _____

Address: _____ **Years of residence:** _____

Position applied for: _____ **Email address:** _____

Education: _____ **Occupation:** _____

Reason for interest in position: _____

Community activities: _____

Professional activities: _____

**Please submit this form to KCAC Secretary-Treasurer:
Scott Baxter 546 Sterling Rd. Kenilworth 60043.**

To be completed by the KCAC Subcommittee Chairman:

Subcommittee Name: _____ **Date Interviewed:** _____
