

# City of Duquesne

## MEMORIAL PARK COMMISSION

NAME (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

C/S/Z \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

C/S/Z \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Resident of Duquesne \_\_\_\_ Yes \_\_\_\_ No Registered Voter \_\_\_\_ Yes \_\_\_\_ No

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

Education: (check highest level) \_\_\_\_ High School \_\_\_\_ College Degree  
\_\_\_\_ Associate \_\_\_\_ Bachelor \_\_\_\_ Master \_\_\_\_ Doctorate

Field of Study and/or Special Interests: \_\_\_\_\_

\_\_\_\_\_

List any Board or Commission you served on previously: \_\_\_\_\_

\_\_\_\_\_

Why do you want to serve on this commission? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any information (experience, community activities, education, etc.) which you think should be considered for your appointment to this committee: \_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_