

# APPLICATION FOR MAHASKA COUNTY BOARD/COMMISSION



Please complete the form and return to  
the County Auditor in person, by mail or  
by email.

**Mahaska County Auditor**  
**106 S. 1<sup>st</sup> St.**  
**Oskaloosa, IA 52577**  
**Phone: (641) 673-7148**  
**auditor@mahaskacounty.org**

**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Male**  **Female**

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_

**Board/Commission Applying for:** \_\_\_\_\_

The following questions will assist the Board of Supervisors in its  
selection. However, it is not necessary to complete this information to  
be eligible for consideration:

**Reason for Applying:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What do you believe qualifies you for this commission:** \_\_\_\_\_

\_\_\_\_\_

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**Contributions you feel you can make to the Board/Commission:** \_\_\_\_\_

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**Direction/role you perceive of this Board/Commission:** \_\_\_\_\_

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**Further comments that may assist the Board of Supervisors in its**

**Selection:** \_\_\_\_\_

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**If appointed, would you like to be automatically considered for  
reappointment at the expiration of your term?    YES     NO**