



## New Trier Township Central Nominating Committee Application

### Applicant Information

NAME (print) \_\_\_\_\_  
(First name) (Middle name) (Last name)

HOME ADDRESS \_\_\_\_\_  
(street) (village)

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

E-mail \_\_\_\_\_

Years in New Trier Township \_\_\_\_\_ Number of children \_\_\_\_ Ages \_\_\_\_\_

- Candidate for:  Agency Oversight Advisory Committee  
 Money Follows the Person Advisory Committee  
 Mental Health Committee  
 Committee on Disabilities

Professional, civic or social groups in which you have been active \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe pertinent experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Past civic activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current civic activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Formerly in public office: When \_\_\_\_\_ Where \_\_\_\_\_

Office held \_\_\_\_\_

**Applicant Information (continued)**

Education: High School \_\_\_\_\_

College/University \_\_\_\_\_ Degrees \_\_\_\_\_

Graduate School \_\_\_\_\_ Degrees \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address \_\_\_\_\_ Fax # \_\_\_\_\_

Positions & responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous employers & responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**X**

I am a resident of New Trier Township and I consent to my name being submitted for committee or peer jury consideration, and possible inclusion in press releases.

Please use the back side for additional information if necessary.

Return completed form to:           Community Services Administrator  
New Trier Township  
739 Elm Street  
Winnetka, IL 60093

For further information:           847-446-8203  
[www.newtriertownship.com](http://www.newtriertownship.com)