



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
 - Special Projects/Strategic Planning Advisory 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