



City of West Allis: Citizen Advisory Committee Application

Name _____

Address _____

Home Phone _____

Work Phone _____

Years as resident of West Allis _____

Occupation _____

Family: Single _____ Married _____

Spouse's name _____

Number of Children _____

Education _____

Hobbies, interests or special skills _____

Membership in other organizations _____

Previous volunteer positions _____

Briefly, explain your interest in serving _____

Committees of interest to you

1. _____

2. _____

3. _____

Signature _____ Date: _____

Return to: Mayor's Office, West Allis City Hall, 7525 W. Greenfield Avenue, West Allis, WI 53214