

**REQUEST FORM  
CONSIDERATION FOR NOMINATION TO THE**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

**Employment History:** (if not on resume)

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

**Education:** (if not on resume)

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

**Why would you like to serve on this Board/Committee:**

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

**PLEASE ATTACH A RESUME TO THIS APPLICATION**

( For additional space, use back of form)

\*\* Please return this form to Commission Office, 100 N Main Street, Room 118, Clinton, TN 37716 (Fax: 457-6264) \*\*