

## Application Form

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### Profile

Heather

First Name

Uzowulu

Middle Initial

Last Name

[REDACTED]

Email Address

[REDACTED]

Home Address

[REDACTED]

City

[REDACTED]

Suite or Apt

[REDACTED]

State

[REDACTED]

Postal Code

What district do you live in?

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None Selected

Are you a West Allis resident?

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Yes  No

If yes, how long have you been a resident?

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If no, list your city or village of residence.

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Do you own or your home?

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Yes  No

If you are not a City of West Allis resident, do you own property within the corporate limits of the City?

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If yes, please list the type of property and its address:

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Do you own a business within the corporate limits of the City of West Allis?

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None Selected

[REDACTED]

Primary Phone

[REDACTED]

Alternate Phone

Which Boards would you like to apply for?

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Commission on Aging: Appointed

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Are you a registered voter?

Yes  No

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## Employment, Interests & Experiences

Employer

Job Title

Please tell us about yourself and why you want to serve.

Why are you interested in serving on a board or commission?

Special skills or prior experience that are relevant to your appointment of your preferred committee(s)?

Education Background:

Previous volunteer experience? If none, type n/a

Upload a Resume

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## Previous Board, Committee, Commission Experience

Have you previously served as a member of any City of West Allis committee, commission or board?

Yes  No

If yes, what committee, commission or board?

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## Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

**Ethnicity**

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None Selected

**Political Party**

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None Selected



Date of Birth

Question applies to Commission on Aging

**Are you sixty (60) years of age or older?**

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Yes  No

Question applies to Commission on Aging

**Do you consider yourself to be an experienced representative from West Central Interfaith?**

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Yes  No