# **Application Form**

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|---|-----|----|-----|
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| Sarah   |                 |                         |                  |                 |
|---|-----------------|-------------------------|------------------|-----------------|
| First Name                                      | Middle Initial  | Lange<br>Last Name      |                  |                 |
|   |                 |                         |                  |                 |
| Email Address                                   |                 |                         |                  |                 |
|   |                 |                         |                  |                 |
| Home Address                                    |                 |                         | Suite or Apt     |                 |
|   |                 |                         |                  |                 |
| City  |                 |                         | State            | Postal Code     |
| What district do you live in?                   |                 |                         |                  |                 |
| District 1                                      |                 |                         |                  |                 |
| Are you a West Allis resident?                  |                 |                         |                  |                 |
| ⊙ Yes ⊖ No                                      |                 |                         |                  |                 |
| If yes, how long have you been                  | a resident?     |                         |                  |                 |
| Seven months                                    |                 |                         |                  |                 |
| If no, list your city or village of r           | residence.      |                         |                  |                 |
| Do you own or your home?                        |                 |                         |                  |                 |
| ⊙ Yes ⊙ No                                      |                 |                         |                  |                 |
| If you are not a City of West Alli<br>the City? | s resident,     | do you own property v   | within the corpo | orate limits of |
| If yes, please list the type of pro             | perty and it    | ts address:             |                  |                 |
| Do you own a business within t                  | he corporat     | e limits of the City of | West Allis?      |                 |
| None Selected                                   |                 |                         |                  |                 |
|   |                 |                         |                  |                 |
| Primary Phone                                   | Alternate Phone |                         |                  |                 |

Which Boards would you like to apply for?

Events Committee: Submitted

⊙ Yes ⊙ No

## **Employment, Interests & Experiences**

| City of West Allis | Librarian |  |
|--------------------|-----------|--|
| 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?

As an employee of the library who organizes programs and events, I would like to be part of the city's Events Committee. I'm interested in collaborating with other city employees, and serving on the committee would allow me to do that and build relationships with my fellow employees and community members.

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

In my role at the library, I plan programs catered to adults and collaborate on programs geared to all ages. Additionally, I serve on the Downtown West Allis BID's Winter Week committee, and I was part of its committee for Halloweek in 2021.

### Education Background:

MLIS, BA in English

Previous volunteer experience? If none, type n/a

Wauwatosa Public Library, Tosa Yoga Center, Go Big Read (Madison), Literacy Services of Wisconsin

Upload a Resume

#### 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?

# 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

None Selected

**Political Party** 

None Selected

Date of Birth