

# LAGRANGE COUNTY

## BOARD APPOINTMENT APPLICATION

For Board Appointments by LaGrange County Board of Commissioners or LaGrange County Council

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Political Affiliation: \_\_\_\_\_

Skills and Qualifications: (Licenses, skills, training, awards)

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

Current/Previous Board Experience:

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

Board(s) you are applying for:

\_\_\_\_\_

Please explain why you wish to serve on this board and what skill set or insights that you can offer while serving in this position. Please attach additional pages if needed.

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the LaGrange County Auditor, 114 W. Michigan Street,  
LaGrange, IN 46761, fax to 260-499-6401, or email [khopper@lagrangecounty.org](mailto:khopper@lagrangecounty.org)