



CITY OF ST. PETERS

One St. Peters City Centre Boulevard • P.O. Box 9 • St. Peters, MO 63376-0090
636.278.2244 • 636.477.6600

Application for Appointment to a Board or Commission

In selecting members for the various Boards and Commissions in St. Peters, the Mayor and Board of Aldermen try to obtain a broad mix of people with diverse talents and interests. Many of the questions on this form are asked only to provide information so that diversity can be maintained.

Be sure to sign page 2 and sign and date page 3.

If this application is for re-appointment to a board or commission you are currently on, you need only complete items on pages 1 and 2 that have changed since your previous application. Please sign page 2. Complete, sign and date page 3.

Date: _____

Name: _____ Home Phone: _____

Address: _____ Other Phone: _____

_____ Email address: _____

Length at this residence: _____ Ward: _____ Are you registered to vote? _____

Have you ever been convicted of a felony? _____ Yes _____ No

Are you willing to attend meetings on a regular basis? _____ Yes _____ No

Board Appointment Desired:

_____ Board of Adjustment*

_____ Board of Appeals

_____ Green Team

_____ Health & Wellness Advisory

_____ Outpatient Surgical Treatment Center
Medical Review Board

_____ Parks, Recreation and Arts Advisory Board

_____ Personnel Review Board

_____ Planning and Zoning Commission*

_____ Senior Advisory Committee
(Citizen members must be at least age 60)

_____ Veterans Memorial Commission

_____ Other

Occupation: _____

Place of Employment: _____

Educational Background: _____

Experiences (either paid or volunteer) related to the position sought: _____

Community Organizations to which you belong or support: _____

**A personal financial disclosure statement must be filed annually. Applicants for appointment to the Board of Adjustment and the Planning and Zoning Commission must also complete pages 3 and 4 of this application.*

Have you ever served on a Board or Commission? _____ Yes _____ No

If yes, specify: _____

Have you ever held an elected or appointed office? _____ Yes _____ No

If yes, specify: _____

Special areas of interest not reflected in job or educational background: _____

Sources of family income (not amounts received): _____

Real estate holdings in St. Peters (owned by yourself or immediate family or being purchased): _____

Why do you wish to serve on this Board? _____

PLEASE NOTE: *This application will be cross-referenced with the sexual offenders registry. Any information on this application form may be subject to disclosure pursuant to the Sunshine Law.*

Signature: _____

Please attach a resumé or letter if available.

Return to: City of St. Peters
Office of the Mayor
P.O. Box 9
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Disclosure Statement

(Addendum to Application for Appointment to City Boards and/or Commissions)

1. Are you, or have you or any member of your family, ever been associated with or held a position with any area industry, such as Contractors', Associations, Trucking Associations, Home Builders' Associations, etc.?

_____ Yes _____ No

If yes, please identify such enterprise and describe your relationship with it. _____

2. Are you a director, officer, sole owner, partner or employee of, consultant or advisor to, any business enterprise which to your knowledge or belief supplies the City of St. Peters with any property, goods, or services?

_____ Yes _____ No

If yes, please identify such enterprise and describe your relationship with it. _____

3. Do you or any member of your immediate family have any direct or indirect financial interest in any business enterprise which to your knowledge or belief supplies the City of St. Peters with any property, goods, or services?

_____ Yes _____ No

If yes, please identify such enterprise and describe your relationship with it. _____

4. In the past 12 months, have you participated on behalf of the City of St. Peters in any transaction between the City of St. Peters and any business enterprise?

_____ Yes _____ No

If yes, please identify such enterprise and describe your relationship with it. _____

Signature: _____ Date: _____



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Acknowledgement of Mandatory Training

(Addendum to Application ONLY for Appointment to Planning and Zoning Commission or Board of Adjustment)

Date: _____

I understand as part of my appointment to the (circle one) Planning and Zoning Commission / Board of Adjustment, I will attend mandatory training on the federal Fair Housing Act and Title II of the Americans with Disabilities Act within sixty (60) days of my appointment. I also understand that failure to attend such mandatory training within sixty (60) days shall subject me to removal from office in accordance with Missouri state law and City ordinances.

Printed Name

Signature