

VILLAGE OF OSWEGO

VILLAGE SENIOR COMMISSION APPLICATION

Name: _____ Date: _____

Address: _____ email: _____

Phone No. (day) _____ (evening) _____

Occupation: _____

1. How long have you lived in the Village of Oswego? _____

2. Please prioritize each issue listed below:

- | | |
|-----------------------|----------------------------------|
| _____ Social Programs | _____ Health & Wellness Programs |
| _____ Transportation | _____ Assistance Programs |
| _____ Senior Center | _____ Free Health Screenings |
| _____ Other | |

Meetings are held during evening hours and meeting times are to be determined.
Place a check beside the best days of the week that you could serve on a committee:

- _____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

3. What skills and qualifications do you believe would assist you with serving on this Village Commission?

(OVER)

4. Please identify the strengths and weaknesses on this topic which currently exist in the Village of Oswego.

5. What is your vision of Oswego over the next decade?

6. Please list any other characteristics that would highlight your qualifications for service on a committee.

***Please submit your application to: Village President
Brian LeClercq
Village of Oswego
100 Parkers Mill
Oswego, IL 60543***

OR Fax to: 630-554-3306

Please attach any additional information and/or resume to this document.