



653 E Central St
Oronogo, MO 64855

417.673.4541 (P)

City of Oronogo Volunteer Application

(Return to the Office of the City Clerk)

(PLEASE PRINT)

Name: _____ Ward: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Preferred Contact #: _____

Email Address: _____

Please select your choice(s) in order of preference (1 being the most desired).

- _____ Park Advisory Board
- _____ Board of Adjustment
- _____ Planning and Zoning

Please briefly explain why you would like to be appointed or reappointed to a Board or Commission:

Signature _____

Date _____

Thank you for your interest in serving the City of Oronogo!

For Office Use Only

Date Received: _____	Appointed to: _____
Date Distributed: _____	Date Appointed: _____
Distributed to: _____	Term Expires: _____

