

City of Casper LGBTQ Advisory Committee Application

NAME: _____ PRONOUNS: _____

MAILING ADDRESS: _____

HOME ADDRESS: _____ PHONE: _____

YEARS OF CASPER RESIDENCY: _____ EMAIL: _____

HOW DO YOU IDENTIFY:

AGE GROUP:

Under 18

18-24

25-34

35-44

45-54

55-64

65+

Please explain your interest in serving on this Committee:

Other City, Community, or other similar volunteer experience:

Skills & experience:

Signature: _____ Date: _____

===== **FOR OFFICE USE ONLY** =====

New Appointment: _____ Or Reappointment: _____ Term Length: _____ Year(s)

Full Term: _____ Or Unexpired Term: _____ Exp. Date: _____

Comments: _____

Please return to:

Casper's City Manager's Office
200 N. David Street
Casper, WY 82601

Notice to Applicants: Application information is subject to the Wyoming Public Records Act and may be considered to be a public record.