

# 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.