



# DEPARTMENT OF WISCONSIN STANDING COMMITTEE APPLICATION

Name \_\_\_\_\_ District # \_\_\_\_\_ Post \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Committee Appointment Requested \_\_\_\_\_

Have you previously served on a **Department Committee**?    Yes    No

If yes, which committee(s) and in what capacity?

Have you ever served on a **District, County, or Post Committee**?    Yes    No

If yes, on which Committee(s) and in what capacity?

What strengths and attributes do you bring to the requested Department Committee that would make you a good candidate for this appointment (including professional and technical skills)?

**Attendance at Department Committee meetings is mandatory. Per Department Bylaws, Article III, Section 4(d), any member absent for two consecutive meetings, may be dismissed by the Department Commander.**

Applicants Signature \_\_\_\_\_

See reverse for District Commander's Remarks

**District Commander's Remarks:**

\*District Commander, please submit this form to the Department Adjutant prior to Department Convention.\*