

**Jackson County
Veterans Affairs Commission
Duties & Responsibilities**

(Commissioners must be veterans as defined in Iowa Code 35.1)*

- Oversee the operations of the County Veterans Affairs Program.
- Give Guidance to the Director regarding the program benefits and how they should be administered.
- Meet Monthly with the Director to review the progress of the program and any important matters relative to the Veteran Community.
- Act as a conduit for information from the Director to the Community as well as being a community contact.
- Directing those in need of assistance to the Director.
- Vote on proposed local program changes as needed by the community.
- Authorize expenditure and budget objectives as proposed by the Director to be submitted to the County Board of Supervisors.

* Click on this link to see Iowa Code 35.1: <http://coolice.legis.iowa.gov/Cool-ICE/default.asp?category=billinfo&service=IowaCode&input=35.1>

APPLICATION FOR JACKSON COUNTY VETERAN AFFAIRS COMMISSION

This form helps the Board of Supervisors evaluate the qualifications of applicants for appointment to this commission.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax Number: _____

E-mail Address: _____

Female * Male *

* After January 1, 2012, state law requires a good faith effort to balance by gender most appointive boards, commissions, committees and councils.

Place of employment and position, including service in the armed forces and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position:

Employer, Service and/or Activity	Position	Phone No.

■ How much time will you be willing to devote in this position? _____

■ Interest in Appointment: Describe in detail why you are interested in serving on this commission. Include information about your background that supports your interest.

■ Contributions you feel you can make to the Commission:

■ **Direction or role you see for this Commission:**

■ **In addition to the above, do you have any other comments that may assist the Board of Supervisors in its selection?**

■ **Please provide two references who can confirm your qualifications for this position.**

Name	Address	Phone number	Email address	Relationship
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I certify that there is nothing that would prohibit me from serving on this board or commission and I certify that I will abstain from voting on any issue in which I have a vested interest or that personally affects me.

Signature _____ **Date** _____

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR

THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.

Please Return To:
Jackson County Board of Supervisors
201 West Platt St.
Maquoketa, IA 52060
Phone: (563) 652-3181 Fax: (563) 652-6975
E-mail: jcbos@co.jackson.ia.us