Iowa Army Ammunition Plant



RESTORATION ADVISORY BOARD (RAB) MEMBER APPLICATION FORM

Community Member

ΑĽ	DDRESS:	
TE	ELEPHONE NUMBER:	CELL
<u>P</u> /	ARTICIPATION IN RESTORATION ADVISORY BO	DARD ACTIVITIES
ex An to ex Pa co Co	estoration Advisory Board (RAB) members may set spected to attend all quarterly (January, April, July a sembers who miss three or more consecutive meeting responsibilities are outlined in the RAB Operation be available to the community members and group achange of information and/or concerns between the articipation in the RAB is strictly voluntary, and members attended by the summander of the IAAAP. The RAB membership will be recommended by the community.	and October) RAB meetings. ngs may be asked to resign. Duties g Policy. Members will be expected os they represent to facilitate the ne community and the RAB. The mbers will not be financially or RAB and approved by the
	OTE: Priority for RAB membership will be given to pacted/affected.	local residents who are directly
1.	Briefly state why you would be interested in the <u>C</u>	Community Member position:
2.	Please describe any experience you have had we group with common goals and list any groups, bu affiliate with:	<u> </u>

NAME:_____Email:____

By submitting this signed application, you:

- are aware that being a RAB member would involve a set time commitment (quarterly meetings usually the third Tuesday if not the week of a holiday).
- understand that being a RAB member entails a willingness to work cooperatively with other RAB members to ensure the efficient and effective use of RAB time.
- understand that serving on the RAB will be voluntary and RAB members will not receive compensation for this service; and,
- understand that following privacy act information regarding providing your name, address, and telephone number for this application.

PRIVACY ACT NOTICE

Authority 10 U.S. code (USC) – 2705 © (USC)-42 U.S.C.-9620(f), State and local participation in cleanup of federal facilities.

Principal Purpose: To identify members of the local community who are interested in participation in the RAB.

Routine Uses: The requested information will be used to develop a list of interested persons from which the community members of the RAB will be selected. The information will also be used by the Army to contact the individuals who are selected.

Disclosure of the requested information is voluntary. Failure to provide all the requested information may prevent selection to the RAB.

Applicant Signature:	Date:	
Sent to: <u>Jennifer.l.busard.civ@army.mil</u>		
REVIEW/APPROVAL:		
Army Co-Chair Signature:	Date:	
IAAAP Commander Signature:	Date:	
Comments:		
Date full RAB members approve:		
RAB meeting announcement date:		