

Information you provide on this form will be provided to current MSRS Board members.

Name: \_\_\_\_\_

Agency\* \_\_\_\_\_

Position\* \_\_\_\_\_ Total length of state service \_\_\_\_\_

Board position applying for: Correctional Retirement Plan

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Phone & email are for MSRS internal use only.*

### Biographical sketch

**Please complete the 2 sections below.** An updated resume would suffice for your education, training, and experience. Please print neatly. If you prefer, type responses on a separate piece of paper and attach it to this form.

**Education / training / experience:**

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**Why I want to serve on the MSRS Board of Directors:**

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