

Citizen Advisory Committee General Application Form

Directions: Please complete all sections of this application to be considered for appointment to a Citizen Advisory Committee. This form is designed to be printed and filled out, or completed digitally before printing.

1. Contact Information

Full Name:

Street Address:

City, State, Zip Code:

Primary Phone Number:

Email Address:

Length of Residency in the Municipality (Years/Months):

2. Committee Preference

Please list the names of the Advisory Committees you are interested in joining in order of preference.

First Preference Committee Name:

Second Preference Committee Name:

Third Preference Committee Name:

3. Qualifications and Background

Current Occupation / Profession:

Educational Background (Degrees, Schools, Fields of Study):

Prior Civic or Community Volunteer Experience (Organizations and Roles):

Please describe your specific qualifications or interest in your preferred committee(s):

4. References

Please list two references who are familiar with your qualifications and character.

Reference 1

Full Name:

Relationship / Organization:

Phone Number:

Reference 2

Full Name:

Relationship / Organization:

Phone Number:

5. Acknowledgment and Signature

By signing below, I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that this application is a public record and may be subject to disclosure upon request.

Applicant Signature (Sign on the line below after printing):

Date of Signature: