



APPLICATION FOR BOARD, COMMITTEE OR COMMISSION

Name: _____
Address: _____
Phone: _____
Email: _____

Which Board, Committee or Commission are you interested in?

Please state why you would like to serve.

What do you believe to be the key responsibility of this position?

Please state why you believe that a Board Member, Committee Member or Commissioner can make a community better.

What personal and/or professional experience or background will be advantages to this Board, Committee or Commission?

Each Board, Committee or Commission has scheduled meetings. The meetings could last 2 or 3 hours. Will this be a hardship?

Board Members, Committee Members or Commissioners may be asked to participate in sub-committees that meet other than the regularly scheduled meeting time. Will you be able to participate?

List any Professional, trade, business, or civic activities and offices held. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

Have you been convicted of a felony within the last seven (7) years? ____ Yes ____ No
If yes please explain. A positive answer will not necessarily disqualify you from consideration.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for appointment to the Board, Committee or Commission as may be necessary in arriving at an appointment decision by the City Council.

In the event of appointment,

- I understand that false or misleading information given in my application may result in my being excused from the Board, Committee or Commission.
- I understand that attendance is important and I will strive to attend all meetings and that continual absences will result in my being excused from the Board, Committee or Commission.
- I understand that I am required to abide by all Arizona and City of Benson Statutes and Regulations adopted by these governing organizations.
- I understand that this application is subject to the Arizona Open Records law and should not be considered confidential.

Signature of Applicant

Date

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Office Use Only:

Appointment Date _____

Term of Position _____

Date of Resignation/Term End _____

Notification by: _____