



**APPLICATION FOR
APPOINTMENT TO THE
CITY COUNCIL**

**(REQUIRES THE AFFIDAVIT OF QUALIFICATION,
CAMPAIGN FINANCE LAWS STATEMENT)**

For Office Use Only

Name: _____

Address: _____

Phone: _____

Email: _____

1. Please state why you would like to serve.

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

3. Please state why you believe that a Councilmember can make a community better.

4. What personal and/or professional experience or background will be advantages to this appointment?

5. The Council has scheduled meetings every 2nd and 4th Monday of the month at 7:00 p.m., as well as Special meetings or Worksessions that may be called as needed. The meetings could last 2 or 3 hours. Will this be a hardship?

6. Councilmembers 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.*

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 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 Council.
- I understand that attendance is important and I will strive to attend all meetings and that continual absences will result in my being removed from the Council.
- 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

Office Use Only

Appointment Date: _____

Term of Position: _____

Date of Resignation/Term End: _____

Notification by: _____