

Education and Experience

List most advanced degree received: _____

School:_____ Year:_____

Volunteer Experience/Community Service: _____

Please specify membership on any other governmental board/commission/committee:

Board or Commission Interest

Live in the city Work in the city Own a business in the city

Attend school within the city Other significant interest _____

Have you ever been a member of a board or commission? Yes No

If yes, please specify: _____

Board/Commission *Dates of Service*

_____ *Board/Commission* *Dates of Service*

_____ *Board/Commission* *Dates of Service*

Have you attended a board or commission meeting in the past 12 months?

Yes No

If yes, please specify: _____

Do you have any comments about your experience while serving?

In your opinion, what are the three most pressing issues facing your prospective board or commission?

1. _____

2. _____

3. _____

Describe ways in which you have contributed to your community.

What do you hope to accomplish by serving?

Based on your relevant skills or interests, in which of the following areas do you think you can contribute most?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Consumer Affairs | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Education/Youth | <input type="checkbox"/> Environment | <input type="checkbox"/> Health | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Landmarks | <input type="checkbox"/> Land Use | <input type="checkbox"/> Urban Planning | <input type="checkbox"/> Parks/Recreation |
| <input type="checkbox"/> Public Safety | <input type="checkbox"/> Sanitation | <input type="checkbox"/> Seniors | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> River | <input type="checkbox"/> Other: _____ | |

Please list current and past civic, fraternal and non-profit organizations in which you are/have been active.

Name of Organization	Dates	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide any additional information you believe would be useful in considering your application.

Certification

I am not employed by the City of Kerrville.

If appointed, I will notify the City of Kerrville of any changes in my residence or business, or of any other relevant changes that would affect my appointment. I will also notify the City if any potential conflicts of interest arise.

I recognize that my appointment requires my regular attendance and participation at all scheduled meetings, failure to do so may result in my removal. I am willing to make this commitment of time and effort.

I hereby certify that all information in this application is complete, truthful, and accurate to the best of my knowledge.

Signature

Date

*Some boards/commissions/committees require members to reside within the City limits.
Please return completed form to the City Secretary's office for processing, 701 Main Street; 257-8000. Your application will be kept on file for 12 months.
NOTE: When filed at city hall, this will become a public document that may be disclosed per the Texas Public Information Act.