



APPLICATION FOR
BOARDS, COMMISSIONS, CORPORATIONS and COMMITTEES

Name:
Address:
City: State: Zip:
Phone (Home): (Office):
Phone (Cell): (Other):
Length of Continuous Residency: Months Days Years
Previous Residence:
Do you own Real Property within Watauga? Yes: No:
Are you a registered voter of Watauga? Yes: No:
Voter Registration Number:
Applying for the following Board(s):
[ ] Animal Services Advisory Committee
[ ] Board of Appeals
[ ] Charter Review Commission
[ ] Civil Service Commission
[ ] Library Board
[ ] Economic Development Corporation
[ ] Parks Advisory Board
[ ] Planning & Zoning Commission
[ ] Zoning Board of Adjustment
[ ] Youth Advisory Council
[ ] I am willing to serve on any of the above

Tell Us About Yourself

Employer: Position:

Secondary Education and/or Professional Licenses:

Current Municipal and Civic Organization Memberships (Positions & Dates):

Previous Municipal Experience (Positions, Dates, Where):

What personal qualifications can you bring to this board?

What is your personal vision for the City?

Why do you want to serve on this board?

Is there anything else you would like for us to know?

Applicant's Signature:

Date:



## CITY OF WATAUGA PUBLIC ACCESS OPTION FORM

The Public Information Act allows employees, public officials and former employees to elect whether to keep certain information about them confidential. Some information cannot be released by law and other information is exempt only if the government official or employee elects to have it exempted. Under Local Government Code Section 552.024, government officials or employees must specify in writing that the information listed below be exempt from public disclosure if they do not want it released.

Please place your initials on the appropriate line for each of the five (5) items.

### **Home Address**

\_\_\_\_\_ Yes, release this information

\_\_\_\_\_ No, do not release this information

### **Home Telephone Number**

\_\_\_\_\_ Yes, release this information

\_\_\_\_\_ No, do not release this information

### **Social Security Number**

\_\_\_\_\_ Yes, release this information

\_\_\_\_\_ No, do not release this information

### **Emergency Contact Information**

\_\_\_\_\_ Yes, release this information

\_\_\_\_\_ No, do not release this information

### **Whether or not there are family members**

\_\_\_\_\_ Yes, release this information

\_\_\_\_\_ No, do not release this information

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_