

Application for Appointment to Citizen Advisory Board or Commission

Please Note: Only text that is visible in the text box will show when printed.

Please return this complete	ed application to:	City of Va	n, 189 South	Maple S	Street Van	, TX 75790.
Board or Commission	Desired:					
(Note: Please apply for onl	y one board or cor	mmission p	per applicant)			
Personal Data						
Last Name	First Name		Middle Name			
Number & Street		City		;	State	Zip
Home Phone	Work Phone		Cell	l Phone		
E-mail Address		V	an Zandt Co.	Voter Re	egistration	Number
Education & Training						
Highest Grade Completed	College? Yes No		Graduated? Yes No		Graduatio	on Date
Degree Earned	Name of School			Hou	rs Earned	
Major(s)		M	inor(s)			

Special knowledge or skills: Please list any this appointment.	special knowledge or sk	kills which qualifies you for
Interest: Explain why you are interested in be	ing appointed for this bo	oard.
Experience: Indicate what meeting(s) you hat to be considered.	ive attended of the com	mittee for which you wish
Indicate the number of Van City Council Meeti	ngs you have attended	in the past 12 months.
References		
List the name and phone number of at least or staff, City Council, or Current Committee mem		
First Name	Last Name	
Occupation	Years Known	Phone

First Name		Last Name	ne				
Occupation		Years Known	Phone				
First Name		Last Name					
Occupation		Years Known	Phone				
Current Employment							
Employer:							
Address		City:	State:				
Job Title	Phone						
Please read the statement below and sign your name to indicate your understanding.							
I UNDERSTAND MY ATTENDANCE WILL BE REQUIRED AT ALL COMMITTEE MEETINGS.							
Signature of Applicant							
Date Signed							

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