



# TOWN OF WARTRACE

## BOARD / COMMITTEE MEMBER APPLICATION

Please choose which board / committee you would like to apply for: (Only choose one)

| <u>Board/Committee Name</u>                           | <u>Normal Frequency of Meetings</u> |
|-------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Board of Zoning Appeals      | As needed                           |
| <input type="checkbox"/> Gym Committee                | As needed                           |
| <input type="checkbox"/> Economic Growth Committee    | Once a month                        |
| <input type="checkbox"/> Parks & Recreation Committee | Once a month                        |
| <input type="checkbox"/> Planning Commission          | Twice a Month, as needed            |
| <input type="checkbox"/> Public Works Committee       | Once a month                        |
| <input type="checkbox"/> Wartrace Utility Commission  | Once a month                        |

### APPLICANT INFORMATION

NAME \_\_\_\_\_ Phone Number \_\_\_\_\_

ADDRESS \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

What is the best way to contact you?  $\frac{1}{2}\pi$  Mail  $\frac{1}{2}\pi$  Phone  $\frac{1}{2}\pi$  Email

\_\_\_\_\_

### EDUCATION AND TRAINING

High School: \_\_\_\_\_ Diploma: Yes \_\_\_\_\_ No \_\_\_\_\_

Technical/Vocational/College: \_\_\_\_\_ Degree: \_\_\_\_\_

Area(s) of Study: \_\_\_\_\_

\_\_\_\_\_

### EXPERIENCE

Current Occupation: \_\_\_\_\_

Please list any Professional or Occupation Experience that would apply to the Board or Committee you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Municipal Boards / Committees on which you currently serve or previously served:

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If you are appointed, will you have any potential conflict of interest?     $\frac{1}{2\pi}$  YES     $\frac{1}{2\pi}$  NO

If YES, what is the Conflict? \_\_\_\_\_  
\_\_\_\_\_

**I hereby affirm that the information provided on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for a Board or committee member appointment and may be considered justification for removal from a Board or Committee, if discovered at a later date.**

**I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.**

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an “at will” nature, which means that the Board or Committee member may resign at any time with or without cause. I understand, also, that I am required to abide by the Charter and Ordinances of the Town of Wartrace, the Constitution and Laws of the State of Tennessee, and the Constitution and Laws of the United States of America.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Thank you for your willingness to serve.