

CITY OF ELGIN

APPLICATION FOR COMMUNITY BOARDS

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

E-Mail Address: _____

Is e-mail a way of contacting you promptly? ___ Yes ___ No If not, how? _____

BOARD/COMMISSION/COMMITTEE YOU ARE INTERESTED IN SERVING

Check all that Apply. If you apply for multiple boards/commissions, please rank your preferences as 1st, 2nd, 3rd, etc.

- | | |
|---|---|
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Library Advisory Board |
| <input type="checkbox"/> Building Standards Commission | <input type="checkbox"/> Main Street Board |
| <input type="checkbox"/> Economic Development Corporation | <input type="checkbox"/> Parks & Recreation Board |
| <input type="checkbox"/> Envision Elgin | <input type="checkbox"/> Planning & Zoning Commission |
| <input type="checkbox"/> Historic Review Board | <input type="checkbox"/> Public Safety Advisory Committee |

REFERENCES

Name	Address	Contact Information

ACADEMIC/WORK EXPERIENCE

Occupation and/or Area(S) of Expertise (If retired please indicate former occupation or profession):

Education (High School, College, etc.):

ADDITIONAL INFORMATION

1. Do you reside within the City Limits of Elgin? ___ Yes ___ No
 If yes, how long? _____
 What Ward? _____

2. Do you reside within the Elgin Independent School District? ___ Yes ___ No
3. Do you own property or a business in the Elgin Area? ___ Yes ___ No
 If yes, please specify business name
 and/or property location:

4. Are you a registered Voter? ___ Yes ___ No
5. Are you currently serving on any other City of Elgin
 Board/Commission/Committee? ___ Yes ___ No
 If yes, please indicate name:

6. Recognizing that serving on a Board or Commission is often
 time consuming, are you committed to attending all regularly
 scheduled meetings? ___ Yes ___ No
 If no, why?

7. Why would you like to serve on the selected Board or Commission?

8. Do you or your employer have any business dealings with the ___ Yes ___ No
 City of Elgin that might present a conflict of interest?
9. Do you have your employer's support to serve on a Board or ___ Yes ___ No
 Commission?

BOARD MEMBERS ARE REQUIRED TO PARTICIPATE IN TRAINING AND OBTAIN A CERTIFICATE OF COMPLETION FOR THE TEXAS OPEN MEETINGS ACT AND PUBLIC INFORMATION ACT WITHIN 90 DAYS AFTER DATE OF APPOINTMENT.

Do you agree to complete any training necessary for the Board or ___ Yes ___ No
 Commission?

How did you hear of the available position(s)?

Completing and submitting this application does not guarantee your placement on a city board. Your application will be reviewed and kept on file for two (2) years for possible placement of an opening on a Board or Commission.

Signature of Applicant _____
Date

THANKS FOR YOUR INTEREST!

If you have any questions, please contact City Secretary ☎ (512) 281-5724. Submit original application to City Secretary/City of Elgin, P.O. Box 591, Elgin, Texas 78621 or deliver to 310 North Main Street.