



APPLICATION FOR APPOINTMENT TO A CITY BOARD OR COMMISSION

NAME: _____

DATE: _____

ADDRESS: _____

(This application will expire 2 years after this date)

HOME PHONE: () _____ CELL PHONE: () _____

E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

POSITION AND TITLE: _____

Please select the Board or Commission you wish to serve on:

- Municipal Development District
- Planning and Zoning Commission
- Board of Adjustments
- Impact Fee Advisory Committee
- Central Business District Advisory Committee

If applying for the Planning & Zoning Commission you must indicate if you own property within the City Limits:

Yes No

Resident of the La Vernia City Limits? Yes No If yes, how long? _____

If no and applying for the La Vernia Parks & Recreation Commission applicant must be a resident of Wilson County.

Qualified Voter? Yes No

Voter Registration Number: _____

Voted in the last city election? Yes No

Are you in arrears on any City of La Vernia taxes or other liabilities due the City of La Vernia? Yes No

(Arrears is defined to mean that payment has not been received within ninety (90) days from due date.)

List current and past service on any boards or commissions. (Please include dates of service): _____

State why you wish to serve: _____

What qualifications or talents would you bring to a City Board or Commission? _____

What are your top three goals and objectives for the board or commission you are applying for? _____

PLEASE PROVIDE ALL INFORMATION REQUESTED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR BOARD/COMMISSION APPOINTMENTS.

DISCLAIMER AND SIGNATURE: I hereby request consideration for appointment to a board or commission of the City of La Vernia, Texas. I certify that my answers above are true and complete. I understand that the information contained in this application may be considered, among other criteria, qualifications and/or information, by the City Council in its evaluation for the position being sought. I further understand that should I be appointed to any City of La Vernia Board or Commission, I serve at the pleasure of the City Council and may be removed from said position at any time and for any reason or no reason at all, with or without notice. I also understand that should I be appointed to a City of La Vernia Board or Commission, I must be responsible for a creditable record of attendance and performance. If this application leads to my appointment to a position on a City of La Vernia Board or Commission, I understand that false or misleading information in my application may result in my removal from the position

I also acknowledge that this information may be made available to the public and the application will be maintained in the City's active files for two years from the date of application. I understand that should I not be appointed to a City of La Vernia Board or Commission, this application and any other records obtained, collected or otherwise prepared regarding this application shall be maintained in accordance with the Texas Public Information Act and the City of La Vernia's' document

retention schedule.

Applicant Signature

Date

OFFICE USE ONLY: (Applications will be kept on file for a period of two years in the City Secretary's office.)

Date application received: _____

Date of first contact: _____

Still interested? Yes No

Date of second contact: _____

Still interested? Yes No

**RETURN COMPLETED APPLICATION TO:
City Secretary's Office
City of La Vernia
102 E. Chihuahua St., Texas 78121
Phone: (830) 779-4541 • Fax: (830) 253-1198**