

Date: _____



APPLICATION FOR APPOINTMENT TO COMMISSION/COMMITTEE/BOARD

ONLY APPLICANTS WHO SUBMIT THIS COMPLETED FORM WILL BE CONSIDERED FOR APPOINTMENT TO ANY COMMISSION/COMMITTEE/BOARD WITH THE CITY OF DRIPPING SPRINGS. YOU MAY ALSO ATTACH A RESUME, BUT IT WILL NOT SUBSTITUTE FOR THIS FORM. PLEASE CALL CITY HALL AT 512-858-4725 IF YOU HAVE ANY QUESTIONS OR EMAIL THE CITY SECRETARY AT acunningham@cityofdrippingsprings.com. THANK YOU FOR YOUR INTEREST IN SERVING THE CITIZENS OF DRIPPING SPRINGS.

PLEASE SELECT THE COMMISSION/COMMITTEE/BOARD THAT YOU ARE INTERESTED IN:

- PLANNING & ZONING COMMISSION
 HISTORIC PRESERVATION COMMISSION
 PARKS & RECREATION COMMISSION
 FARMERS MARKET ASSOCIATION BOARD
 FOUNDERS DAY COMMISSION
 ECONOMIC DEVELOPMENT COMMITTEE
 TRANSPORTATION COMMITTEE
 OTHER: _____

NAME: _____
(LAST) (FIRST) (MIDDLE) (SALUTATION)

MAILING ADDRESS: _____

EMAIL: _____ PHONE: _____

OCCUPATION: _____ (IF RETIRED, PLEASE INDICATE FORMER OCCUPATION)

ARE YOU A RESIDENT OF THE CITY OF DRIPPING SPRINGS? YES NO

IF NO, ARE YOU A RESIDENT OF THE CITY'S EXTRATERRITORIAL JURISDICTION (ETJ)? YES NO

HOW LONG HAVE YOU LIVED IN THE CITY OF DRIPPING SPRINGS OR THE ETJ? _____

ARE YOU CURRENTLY OR HAVE YOU EVER SERVED ON ANY CITY COMMISSION/COMMITTEE/BOARD? YES NO

IF YES, PLEASE LIST EACH ONE, INCLUDING LOCATION AND DATES OF MEMBERSHIP

DESCRIBE ANY QUALIFICATIONS OR EXPERTISE THAT RELATE TO YOUR INTEREST IN SERVING. WE ASK THAT YOU ATTACH A RESUME; HOWEVER PLEASE DESCRIBE BELOW YOUR QUALIFICATIONS SPECIFIC TO THE GROUP FOR WHICH YOU ARE APPLYING, INCLUDING ANY PROFESSIONAL LICENSES, ASSOCIATIONS/MEMBERSHIPS, ETC.:

PLEASE DESCRIBE ANY CIVIC/VOLUNTEER ORGANIZATIONS OR ACTIVITIES YOU ARE CURRENTLY OR HAVE PREVIOUSLY BEEN INVOLVED WITH IN DRIPPING SPRINGS:

PLEASE TELL US WHY YOU WISH TO SERVE THE CITIZENS OF DRIPPING SPRINGS AS A MEMBER OF A COMMISSION/COMMITTEE/BOARD?:

DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK FOR THE CITY OF DRIPPING SPRINGS? YES NO

IF YES, PLEASE LIST THEIR NAME AND POSITION

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO KNOW IN RELATION TO THIS APPLICATION: _____

STATEMENT OF INTENT: "IF APPOINTED, I AGREE TO SERVE AT LEAST TWO YEARS ON THE COMMISSION/COMMITTEE/BOARD FOR WHICH I HAVE APPLIED. I UNDERSTAND THAT IF I SHOULD BE APPOINTED TO A COMMISSION/COMMITTEE/ BOARD, I WILL BE EXPECTED TO PARTICIPATE ACTIVELY IN ALL MEETINGS, USE THE CITY'S ONLINE AGENDA PROGRAM, AND BECOME FAMILIAR WITH RELEVANT CITY ORDINANCES. I WILL PREPARE FOR MEETINGS BY REVIEWING AGENDAS AND ALL RELATED MATERIALS PRIOR TO THE START OF THE MEETING USING THE CITY'S ONLINE AGENDA PROGRAM, FOR WHICH I WILL RECEIVE TRAINING. I UNDERSTAND THAT I WILL BE REQUIRED TO ATTEND ONE HOUR EACH OF ONLINE TRAINING ON THE OPEN MEETINGS ACT AND PUBLIC INFORMATION ACT WITHIN 30 DAYS OF TAKING MY OATH OF OFFICE. I AGREE TO ADHERE TO THE ATTENDANCE REQUIREMENTS AND TO CONTACT THE CITY SECRETARY'S OFFICE IN THE EVENT THAT THERE IS ANY CHANGE IN MY INFORMATION AS SUBMITTED ON THIS APPLICATION. I WILL SUBMIT A CONFLICT OF INTEREST AFFIDAVIT AND ABSTAIN FROM ANY DISCUSSION OR VOTE ON ANY MATTER THAT COMES BEFORE ME IN WHICH I HAVE A SUBSTANTIAL PROHIBITED INTEREST. I HAVE READ, UNDERSTOOD, AND COMPLETED THIS APPLICATION TO THE BEST OF MY ABILITY."

SIGNATURE: _____ **DATE:** _____

PLEASE SUBMIT YOUR APPLICATION TO THE CITY SECRETARY OF THE CITY OF DRIPPING SPRINGS VIA EMAIL, POSTAL MAIL, OR DELIVER BY HAND TO CITY HALL:

CITY SECRETARY: Andrea Cunningham

EMAIL: acunningham@cityofdrippingsprings.com

CITY HALL: 511 MERCER STREET
DRIPPING SPRINGS, TEXAS 78620

MAILING ADDRESS: CITY OF DRIPPING SPRINGS
POST OFFICE BOX 384
DRIPPING SPRINGS, TEXAS 78620

THIS APPLICATION AND THE INFORMATION YOU PROVIDE IS SUBJECT TO THE PUBLIC INFORMATION ACT.

-----CITY USE ONLY-----

DATE RECEIVED: _____ RECEIVED BY: _____ BACKGROUND CHECK COMPLETED: _____

APPLICATION TYPE (CIRCLE ONE): NEW REAPPOINTMENT

DATE OF INTERVIEW: _____ INTERVIEWED BY: _____

APPOINTED TO: _____ APPOINTMENT DATE: _____ TERM EXPIRES: _____

OATH OF OFFICE TAKEN: _____ NOTES: _____

ANTI-BRIBERY STATEMENT SIGNED: _____

OPEN MEETINGS ACT TRAINING COMPLETED: _____

PUBLIC INFORMATION ACT TRAINING COMPLETED: _____

AGENDA PROGRAM TRAINING PROVIDED: _____