

Date: _____



DRIPPING SPRINGS
Texas

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> PLANNING & ZONING COMMISSION | <input type="checkbox"/> HISTORIC PRESERVATION COMMISSION | <input type="checkbox"/> PARKS & RECREATION COMMISSION |
| <input type="checkbox"/> FARMERS MARKET ASSOCIATION BOARD | <input type="checkbox"/> FOUNDERS DAY COMMISSION | <input type="checkbox"/> ECONOMIC DEVELOPMENT COMMITTEE |
| <input type="checkbox"/> TRANSPORTATION COMMITTEE | <input type="checkbox"/> 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: _____