



**CITY OF CHARLOTTESVILLE
BOARDS & COMMISSIONS APPLICATION**

Please type or print in dark ink. Do not write on the back. Attach an additional sheet if necessary.

The following information and any attachments may be released to the general public pursuant to a Freedom of Information Act request.

Name of Board/Commission applying for:*

Title of position applying for (if applicable):

Applicant Name:*

Are you new to this board/commission?* Yes Reapplying

City Resident? (Please select One)* Yes No

How long have you lived in the City of Charlottesville?

Schools attended, degrees, graduation dates:

Memberships in fraternal, business, and/or social groups:

Public, civic, and charitable offices and/or activities:

Interest aside from profession:

List any professional experience related to the work of the board/commission you are applying for, if applicable.

List any family members who are a council-appointed board/commission member, city employee, or local official.

How did you hear about this vacancy?

Reasons for wanting to serve on this board/commission:

Do you anticipate the need for an accommodation in order to participate in meetings? Yes No

Board service requires a commitment of your time to prepare for and attend meetings. When City Council makes appointments, it is with the expectation that the appointee is willing and able to attend meetings and to devote the necessary time to be a full and meaningful participant on the board.

It is the policy of the City Council that a City Council-appointed member of any City board, committee, task force or commission shall be subject to removal from office if he or she is absent from any three consecutive meetings, or any four meetings within any twelve-month period.

If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Yes No

The following information will be classified as personnel information pursuant to Virginia Code Section 2.2-3705.1 and the Council will not release this information to the general public pursuant to a Freedom of Information Act request.

Home Address: **Zip Code:**

Previous Residence: **Zip Code:**

Occupation & Title:

Employer:

Business Address: **Zip Code:**

Phone Number:*

Email Address:*

Signature: **Date:**

RETURN TO:

Clerk of Council, P.O. Box 911, Charlottesville, VA 22902