



**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 the position applying for (if applicable): _____

Applicant Name:* _____

City Resident? (Please Select One)* Yes ___ No ___

Schools attended, degrees, graduation dates: _____

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

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

Interests aside from profession: _____

Reasons for wanting to serve on this board/commission: _____

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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: _____

Business Address: _____ Zip Code: _____

Phone Number:* _____

Email Address:* _____

Signature: _____

Date: _____

RETURN TO:

Clerk of Council

P.O. Box 911 Charlottesville, VA 22902

Phone: 434-970-3113, Fax: 434-970-3890

clerk@charlottesville.gov