

CITY OF CANTON

BOARD AND COMMISSION APPLICATION

Name: _____ Address: _____

Home Phone (____) _____ Work Phone (____) _____

Employer: _____ Title: _____

Work Address: _____ E-mail Address: _____

City Resident? ____ Yes (for ____ years) ____ No Qualified Voter? ____ Yes ____ No

Educational Background: _____

Past Experience on Boards and Commissions (Check all that apply):

- | | |
|--------------------------------------|-----------------------------------|
| _____ Planning and Zoning Commission | _____ Main Street Board |
| _____ Zoning Board of Adjustments | _____ Parks Board |
| _____ Museum Board | _____ Citizens Advisory Committee |
| _____ Economic Development Board | _____ Other _____ |

If board experience was for a city other than Canton, please explain below:

Please indicate the boards/commissions on which you would like to serve. Indicate order of preference by ranking 1 for your first choice to 8 for your last choice.

- | | |
|--------------------------------------|-----------------------------------|
| _____ Planning and Zoning Commission | _____ Main Street Board |
| _____ Zoning Board of Adjustments | _____ Parks Board |
| _____ Museum Board | _____ Citizens Advisory Committee |
| _____ Economic Development Board | _____ Other _____ |

Why do you want to serve on a City Board/Commission?

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

Do you have any business or personal relationship with the City of Canton that would affect your ability to have impartial judgement in City matters? ____ Yes ____ No

If yes, please explain _____

Are you currently or have you ever been convicted of a crime? (Misdemeanor, felony, or military court martial, exclusive of minor traffic violations) ____ Yes ____ No

If yes, please explain. (Dates, places, fines/sentences) _____

AUTHORIZATION AND RELEASE

I hereby request consideration for appointment to a Board or Commission of the City of Canton, Texas. I affirm that all the information contained in this application is true and complete and that any misrepresentation, falsification, or omission shall be cause for relinquishing my role as a volunteer for the City of Canton.

Applicant Signature

Date

City Secretary

Date

Return to: Boards & Commissions, c/o City Secretary, P.O. Box 245, Canton, TX 75103

Deadline for returning application is 5:00 p.m., _____