



**APPLICATION FOR CITY BOARDS, COMMITTEES, AND
AUTHORITIES**

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

Name of the Board, Authority or Committee you desire to serve on: _____

Are you at least 21 years of age? _____

Are you willing to attend training relative to the responsibilities of the Board Membership,
as necessary? _____

Educational Background:

List other Civic Organizations that you are affiliated with, or member of (any City of
Cornelia affiliated organization previously or currently serving on):

Summarize any prior experience you possess which would be applicable to the appointment you are requesting:

Please summarize why you wish to serve in the appointment you are requesting:

Please list Personal and Professional References:

1. _____
Name Telephone

Address

2. _____
Name Telephone

Address

3. _____
Name Telephone

Address

4. _____
Name Telephone

Address

