



Committee Application

Contact Information		
Name:		
Address:		
City:	State:	Zip:
Cell Phone:		
Home Phone:		
E-mail Address:		
Years of Continuous Residency in Volente:		

Occupation Information	
Occupation:	Number of Years:
Company:	
Address:	

Committees of Interest (please check any Committees you are applying for)	
<input type="checkbox"/> Environmental Committee	<input type="checkbox"/> Planning and Zoning Commission
<input type="checkbox"/> Finance, Budget, and Administration Committee	<input type="checkbox"/> Board of Adjustments
<input type="checkbox"/> Public Safety Committee	<input type="checkbox"/> Public Works Committee
<input type="checkbox"/> Governmental Relations Committee	<input type="checkbox"/> Public Relations Committee
List any Committees you have previously served on:	

Initial Below:

___ I affirm that I have not been convicted of a felony under the laws of the State of Texas, Travis County, or in any other State.

___ I affirm that this application is completed in good faith and with full disclosure of information pertaining to the position of application.

Special Skills or Qualifications

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Previous Volunteer Experience

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Emergency Contact Information

Name:	Relationship:	
Address:		
City:	State:	Zip:
Phone 1:	Phone 2:	
Email Address:		

Commercial, Financial, or Residential Involvement in the Community
 Entities or persons in Volente or those that you are engaged in business with.

Name:	Nature of Business:
Address:	Expected End:
Name:	Nature of Business:
Address:	Expected End:
Name:	Nature of Business:
Address:	Expected End:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Name (printed)	
Signature	
Date	