



TOWN OF WARTRACE BOARD / COMMITTEE MEMBER APPLICATION

Please choose which board / committee you would like to apply for: (Only choose one)

<u>Board/Committee Name</u>	<u>Normal Frequency of Meetings</u>
<input type="checkbox"/> Board of Zoning Appeals	As needed
<input type="checkbox"/> Planning Commission	Twice a Month, as needed
<input type="checkbox"/> Parks & Recreation Committee	Once a month
<input type="checkbox"/> Wartrace Utility Commission	Once a month
<input type="checkbox"/> Cemetery Committee	As needed
<input type="checkbox"/> Public Works & Sanitation Committee	Once a month
<input type="checkbox"/> Economic Growth Committee	Once a month

APPLICANT INFORMATION

NAME _____ Phone Number _____

ADDRESS _____ Work Phone _____

_____ Email _____

What is the best way to contact you? Mail Phone Email

EDUCATION AND TRAINING

High School: _____ Diploma: Yes _____ No _____

Technical/Vocational/College: _____ Degree: _____

Area(s) of Study: _____

EXPERIENCE

Current Occupation: _____

Please list any Professional or Occupation Experience that would apply to the Board or Committee you are applying for: _____

Municipal Boards / Committees on which you currently serve or previously served:

If you are appointed, will you have any potential conflict of interest? YES NO

If YES, what is the Conflict? _____

I hereby affirm that the information provided on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for a Board or committee member appointment and may be considered justification for removal from a Board or Committee, if discovered at a later date.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an "at will" nature, which means that the Board or Committee member may resign at any time with our without cause. I understand, also, that I am required to abide by the Charter and Ordinances of the Town of Wartrace, the Constitution and Laws of the State of Tennessee, and the Constitution and Laws of the United States of America.

Signature: _____ Date: _____

Thank you for your willingness to serve.