



## Application for Appointment to City Boards and Commissions

Board or Commission to which you are applying:

*(Please check one)*

Airport  Farmers Market  Library  Main Street  Parks & Recreation  Planning & Zoning  WEDC

Name: \_\_\_\_\_  
*(Title) (Last) (First) (Middle)*

City of Residence: \_\_\_\_\_  
*(City) (State) (Zip)*

Are you a registered voter in the City?  Yes  No

Are you a resident of the City?  Yes  No Length of residency: \_\_\_\_\_

Do you, your spouse or your employer have any financial interest, directly or indirectly, in matters that might come before the Board and Commission to which you seek appointment?

Yes  No If yes, explain: \_\_\_\_\_

Do you, your spouse or your employer have any financial interest, directly or indirectly, in the sale to the City of any land, materials, supplies or service?

Yes  No If yes, explain: \_\_\_\_\_

### Education:

High School \_\_\_\_\_ College- Course Study: \_\_\_\_\_

Other \_\_\_\_\_

Professional: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

Description of Volunteer Experience/Community Service:

---

---

Please specify membership and give title and dates, and/or employment with all Boards, Commissions, Non-Profit Entities, or other Entities on any other government Board or Commission that you have held. Additional information may be attached.

Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Dates: \_\_\_\_\_

**Reasons for seeking appointment:** Please provide a brief narrative outlining your interests and qualifications for seeking appointment. You may also add a resume or additional information.

---

---

---

---

---

---

---

---

**I have read and understand the instructions and appointment process.** I certify that all statements that I have made on this application and other supplementary materials are true and correct. I hereby authorize the City of Winnsboro to investigate the accuracy of this information from any person or organization, and I release the City of Winnsboro and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FILE COMPLETED APPLICATION WITH CITY SECRETARY'S OFFICE  
City of Winnsboro - City Hall – 501 S. Main St. Winnsboro, TX. 75494

Residence Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

Mailing Address (If different from above): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_