

**APPLICATION FOR APPOINTMENT TO
STATESBORO WORKS! COMMISSION**
(Please Print or Type)

Name: _____
Local Address: _____
City, State, Zip: _____
Mailing Address (if different): _____
City, State, Zip: _____
Telephone Number Alternate Number: _____
Primary Phone Number _____
E-mail Address _____

Statesboro City District (Circle One) 1 2 3 4 5 or County Resident
Are you presently serving on any City or County Boards or Commissions? Yes No
If yes, please list: _____

Board/Commission Applying for: _____
Please state why you would like to serve as a member of this commission?

How does your background or experiences add value to this commission?

Please explain your area of interest within the commission.

Do you have and interests or associations which may present a conflict of interest? If yes, please elaborate.

Knowledge/Education, Skills and/or Abilities that you would like considered (Resumes or any other applicable documentation can be attached, please limit to no more than 2 pages)

Are you willing and able to attend meeting on a regular basis? Yes _____ No

If you are not appointed to commission of your choice, are you interested in being contacted by the Mayor for other opportunities to serve the city?

Yes _____ No _____

I hereby certify that the information provided in this application to be accurate.

Signature: _____ Date _____

Submit completed application to: The Office of the Clerk of Council or Fax (912) 764 - 4691

Please note: Submission of this application does not guarantee an appointment