

**APPLICATION FOR APPOINTMENT TO  
STATESBORO YOUTH 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)**

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**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*