

**APPLICATION FOR APPOINTMENT TO
STATESBORO YOUTH COMMISSION**

(PLEASE PRINT OR TYPE)

Name: _____

Local Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

Primary Phone Number: _____

Alternate 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.

Please explain your area of interest within the commission.

Do you have any 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 the commission of your choice, are you interested in being contacted for other opportunities to serve in 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 City Clerk by Fax 912-764-8258 or by email to leah.harden@statesboroga.gov.

Please note: submission of this application does not guarantee and appointment.