## **Committee Application**

	Contact Information			
	Name:			
	Address:			
VOLENTE	City:	State: Zip:		
VOLENTE	Cell Phone:			
	Home Phone:			
	E-mail Address:			
	Years of Continuous Residency	in Volente:		
Occupation Information				
Occupation:	Number of Years:			
Company:				
Address:				
Committees of Interest (Please Number choices in order of preference with 1 being first choice)				
Environmental Committee		Planning and Zoning Commiss	sion	
Finance, Budget, and Administration Comm.		Board of Adjustments		
Public Safety Committee		Public Works Committee		
Governmental Relations Committee		Public Relations Committee		
Comprehensive Plan Steering Committee		List any Committees you have prev	riously served on:	
County, or in any of	ther State.	ny under the laws of the State of Textood faith and with full disclosure of in		

Special Skills or Qualifications					
Previous Volunteer Experience					
	Emergency Contact Information				
Emergency Contact Information					
Name:	Relationship:				
Address:					
City:	State:	Zip:			
Phone 1:	Phone 2:				
Email Address:					
Commercial, Financial, or Residential Involvement in the Community					
	ties or persons in Volente or those that you are engag				
Name: Address:	Nature of Busines Expected End:	S:			
Name:	Nature of Busines:	s:			
Address:	Expected End:				
Name:	Nature of Busines	s:			
Address:	Expected End:				
Agreement and Signature					
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a					
volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. It is the policy of this organization to provide equal opportunities without regard to race, color, religion,					
national origin, gender, sexual preference, age, or disability.					
Name (printed)					
Signature					
Date					