



VILLAGE OF  
**VOLENTE**

# Committee Application

| Contact Information                       |        |      |
|---|--------|------|
| Name:                                     |        |      |
| Address:                                  |        |      |
| City:                                     | State: | Zip: |
| 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) |   |
| <input type="text"/> Environmental Committee                             | <input type="text"/> Planning and Zoning Commission |
| <input type="text"/> Finance, Budget, and Administrative Comm.           | <input type="text"/> Board of Adjustments           |
| <input type="text"/> Public Safety Committee                             | <input type="text"/> Public Works Committee         |
| <input type="text"/> Governmental Relations Committee                    | <input type="text"/> Public Relations Committee     |
| List any Committees you have previously served on:                       |   |

Initial Below:

I affirm that I have not been convicted of a felony under the laws of the State of Texas, Travis County, or in any other State.

I affirm that this application is completed in good faith and with full disclosure of information pertaining to the position of application.

| Special Skills or Qualifications |  |
|----------------------------------|--|
|                                  |  |
| Previous Volunteer Experience    |  |
|                                  |  |

| Emergency Contact Information |               |      |
|-------------------------------|---------------|------|
| Name:                         | Relationship: |      |
| Address:                      |               |      |
| City:                         | State:        | Zip: |
| Phone 1:                      | Phone 2:      |      |
| Email Address:                |               |      |

| Commercial, Financial, or Residential Involvement in the Community             |                                      |
|--|--------------------------------------|
| Entities or persons in Volente or those that you are engaged in business with. |                                      |
| Name:<br>Address:  | Nature of Business:<br>Expected End: |
| Name:<br>Address:  | Nature of Business:<br>Expected End: |
| Name:<br>Address:  | Nature of Business:<br>Expected End: |

| Agreement and Signature  |  |
|--|--|
| <p>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.</p> |  |
| Name (printed)   |  |
| Signature  |  |
| Date   |  |