CITY OF BURKBURNETT VOLUNTEER APPLICATION FOR BOARDS, COMMISSIONS OR COMMITTEES

DATE:			(App	lications retained for 12 months)
Full First Middle Last Name: Maiden (if applicable):				
Address:	_		E-mail Addres	ss:
Date of Birth:	Social Secur	ity # (not n	nandatory):	Home Phone:
Spouse's Name:				Work Phone:
# of Children:	Years Residi	ng in Bur	kburnett	Other Cities Lived In:
High School Name:				Location:
College Information: Name of College(s)	Location		Degree	Date Degree Received
1.	Docution		Degree	Date Degree Received
2. 3.				
Occupation:		Employe	er:	
Employer's Address: (City, State, Zip)				
Professional Associations/Organizations:				
Previous & Current Community Service: (Memberships, Offices held, etc.)				
Hobbies/Interests:				
Clubs & Organizations:				
Selection of Boards (Indicate first, second, third and fourth choices for board memberships by placing a number in space adjacent to the board's name)				
	Planning & Zo Friends of Lib			Board of Adjustment ommittee
Are you registered to vote in Wichita County? Yes No				
Please explain why you want to serve on the boards listed above and/or your qualifications:				
By executing this document, the applicant does hereby certify and affirm the truth and accuracy of the information contained herein. The applicant further authorizes the Board of Commissioners, or its designee, to verify any information. The applicant agrees to release and hold harmless the City from all claims incident to the verification of information contained herein. Please return this application to:				
Janell City o 501 S Burk (940)5	e Stahr, City Cl of Burkburnett heppard Road burnett, TX 763 569-2263 569-4192 fax		Sig	nature of Applicant

jstahr@burkburnett.org