



City Of Richmond, Virginia
City Council

Boards and Commissions
Application

(Please Print or Type)

(NAME OF AUTHORITY BOARD, COMMISSION OR AUTHORITY)		
Name:		
Home Address: <i>(Street, City/County)</i> :		Zip Code:
Home Telephone:		Home Fax:
Home E-Mail Address:		
Employer:		
Job Title:		How Long? :
Business Address: <i>(Street, City/County)</i> :		Zip Code :
Business Telephone:	Ext:	Fax :
E-Mail Address :		
Is Your Place Of Employment Located In The City? Yes <input type="checkbox"/> Or The County?		
Which County?		
Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are You A City Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Number Of Years?		
Which City Council District?		
Please List Your Educational Background And/Or Other Expertise Or Qualifications You Will Bring To This Board/Commission:		
List other City of Richmond Boards or Commissions you currently or have previously served on. Please give date(s) and office(s) held, if applicable.		
(Continued on next page)		



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OTHER COMMUNITY INVOLVEMENT:

(OPTIONAL)
PLEASE LIST ADDITIONAL INFORMATION YOU WOULD LIKE CONSIDERED, OR YOU MAY ATTACH YOUR RESUME OR OTHER INFORMATION.

Please Check This Box If Your Resume Is Attached.

How Did You Hear About Or Who Referred You To Apply For Appointment To This Board/Commission?

Signature: _____ **Date:** _____
 (By signing, forwarding or otherwise transmitting this form, You Certify That All Information Submitted For Consideration Is True And Correct To The Best Of Your Knowledge)

FOR USE BY THE OFFICE OF CITY CLERK ONLY (Please Do Not Write In This Space)

PATRON(S):		
Requested Introduction Date:	Other Action:	Date:
Archive Date:		
Reviewed Felony Box On First Page And Verified Residency/Business Requirement: Initial :		Date: