



City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force:	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Last Name:	First Name:
Home Street Address:	Home Telephone:
Home City, Zip Code:	Home Fax:
Personal E-Mail Address:	
Employer:	
Job Title:	How Long?
Business Street Address:	Business Telephone:
Business City, Zip Code:	Business Fax:
Business E-Mail Address:	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? Number of years?	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force:	

NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.



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List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Other community involvement:

OPTIONAL

Please list additional information you would like considered, or you may attach your resume or other information.

Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

Signature: _____ Date: _____
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge)

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