BOARD AND COMMISSION VOLUNTEER APPLICATION

Name	
Address	*Home Phone*
Business/Company	*Mobile Phone*
Business Address	*Business Phone*
Employer/Occupation	

1. I am interested in serving on the following board or commission:

_____ **Community Services Advisory Board** – Serves as an advisory board for the purpose of identifying social service needs of the community and finding resources to meet those needs through collaboration with community groups, agencies, cities and organizations.

____ **Industrial Development Authority Board** – Promotes industry and trade and to assist financially by issuing bonds to businesses to finance projects either through public or private offering; 6-year term; meets annually and as needed.

____ **Library Advisory Board** – Promotes the interests of the Tolleson Public Library.

____ **Planning and Zoning Commission** – Serves to analyze, review and make recommendations to the Council regarding land use and development related issues

____ **Public, Safety, Personnel, Retirement System Board** – Serves as an advisory body to the members for the purpose of administering and making the provisions of the retirement system for police and fire.

2. Are you currently a member of a Tolleson Board or Commission? _____Yes _____No

3. Professional experience highlights (attach resume if available):

_____
_____
_____
_____
_____
_____

4. What experience do you think qualifies you to be a Board or Commission Member, include information about other organizations, boards and committees that you have served as well as any specific training/workshops such as Citizen's Academy, etc.?

_____
_____
_____
_____
_____

5. Why are you interested in serving on a City board or commission?

_____
_____
_____
_____
_____

6. If appointed, how much time would you be able to devote for meetings or projects and events? Hours per week? _____ Hours per month? _____

7. Would you be available:

During the day? ___ Yes ___ No Best Times: _____

In the evening? ___ Yes___ No Best Times: _____

8. Community Activities that you are involved in:

_____
_____
_____
_____

9. Are you a resident and taxpayer of the City of Tolleson? _____

I understand that this application is considered a public record. The City Council appoints all members and any alternates.

_____ _____

Applicant signature Date

Thank you for your interest.

Return application to:

City of Tolleson
ATTN: Crystal Zamora, Deputy City Clerk
9555 West Van Buren Street
Tolleson, AZ 85353
Phone: (623) 936-7111 Fax: (623) 936-7117

Return electronic application: czamora@tollesonaz.org

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