

CITY OF LA VERGNE BOARD / COMMITTEE MEMBER APPLICATION

Please choose which board / committee you would like to apply for: (Only choose one)

<u>Board Name</u>	<u>Normal Frequency of Meetings</u>
<input type="checkbox"/> Beautification and Arts Advisory Committee	As Needed
<input type="checkbox"/> Beer Board	Monthly
<input type="checkbox"/> Board of Zoning Appeals	Monthly
<input type="checkbox"/> Construction Board of Adjustment and Appeals	As Needed
<input type="checkbox"/> Economic Development Advisory Committee	Quarterly
<input type="checkbox"/> Greenway Advisory Committee	Quarterly
<input type="checkbox"/> Historical Preservation Advisory Committee	Semi-Annually
<input type="checkbox"/> La Vergne Housing Authority	As Needed
<input type="checkbox"/> La Vergne Industrial Development Board	As Needed
<input type="checkbox"/> Library Board	Bi-Monthly
<input type="checkbox"/> Parks & Recreation Advisory Committee	Monthly
<input type="checkbox"/> Planning Commission	Monthly
<input type="checkbox"/> Senior Citizen's Advisory Committee	Monthly
<input type="checkbox"/> Stormwater Appeals and Advisory Board	As Needed
<input type="checkbox"/> Other _____	

APPLICANT INFORMATION

Name: _____ Cell Phone: _____
 Address: _____ Other Phone: _____
 _____ Email Address: _____

What is the best time to contact you? Morning (8:00 a.m. - Noon) Afternoon (Noon - 4:30 p.m.)
 What is the best way to contact you? Mail Cell Phone Other Phone Email

EDUCATION AND TRAINING

	High School	College / University	Graduate / Professional
School Name			
City, State			
Years Completed	N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Course of Study	N/A		
Receive a diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE

Current Occupation:	
List any experience that would apply to the Board or Committee you are applying for:	
Municipal Boards / Committees on which you currently serve:	
Municipal Boards / Committees on which you have previously served:	
If you are appointed, will you have any potential conflict of interest? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, what is the conflict?	
Briefly explain the reasons why you want to serve on the Board / Committee that you have chosen:	

REFERENCES

Please list three (3) Professional or Business references.

	Name	Email Address	Years Known	Phone
1				
2				
3				

I hereby affirm that the information provided on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for a Board or Committee member appointment and may be considered justification for removal from a Board or Committee, if discovered at a later date.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an “at will” nature, which means that the Board or Committee member may resign at any time and the Board of Mayor and Aldermen may remove the Board or Committee member at any time with or without cause. I understand, also, that I am required to abide by the Charter and Ordinances of the City of La Vergne, the Constitution and Laws of the State of Tennessee and the Constitution and Laws of the United States of America.

Signature: _____

Date: _____

Please attach your resume. Thank you for your willingness to serve.