



BOARDS AND COMMISSIONS APPLICATION FORM

Name : _____ Date: _____

Home Address: _____ Zip Code: _____

Phone: _____ Other Phone: _____

Stephens City Resident for ____ years. Retired

Email: _____

Employment/Volunteer Work: _____

City/State: _____ Zip Code: _____

Interested in serving:

1. _____ 2. _____

Why do you wish to serve on a board of commission?

What Relevant experience or education have you had relative to this filed of concern?

What other interests or concerns do you have regarding the community?

Please list any previous or present involvement. Ex.: City Council, Board and Commissions, Citizens Academy, etc. In Stephens City or elsewhere:

Please return completed application to the City Manager's Office

Applicants may attach a resume or other supported information that would be helpful to council in considering their application.

1033 Locust Street, P.O Box 250, Stephens City, VA 22655

[Tel:\(540\)869-3087](tel:5408693087) Fax:(540)869-6166 Email: mkehoe@stephenscityva.us