



**CITY OF CHARLOTTESVILLE
BOARDS & COMMISSION APPLICATION**

Please type or print in dark ink. Do not write on the back. Attach an additional sheet if necessary.

Name of Board/Commission Applying For: _____

Applicant Name: _____

Home Address: _____ Zip: _____ Phone: _____

City Resident? Yes _____ (since) _____ No _____ E-mail address: _____

Previous Residence: _____

Occupation & Title: _____

Employer: _____

Business Address: _____ Zip: _____ Phone: _____

Spouse's Name: _____ Children: _____

Schools attended, degrees, graduation dates: _____

Memberships in fraternal, business, church and/or social groups: _____

Public, civic and charitable offices and/or activities: _____

Interests aside from profession: _____

Reasons for wanting to serve on this board/commission: _____

Signature: _____

Date: _____

RETURN TO:
Paige Rice, Clerk of Council
P.O. Box 911
Charlottesville, VA 22902
Phone: 434-970-3113, Fax: 434-970-3890
clerk@charlottesville.org