



CITY OF LAVON

P.O. Box 340 ~ 120 School Rd.

Lavon, TX 75166

Office (972) 843-4220 ~ Fax (972) 843-0397

Volunteer Board & Commission Application

Personal Information:

Name: _____ Spouses Name: _____

Address: _____ City, State, Zip Lavon, TX 75166

Hm Phone: _____ Other Phone: _____

Registered Voter: Yes No Preferred method of contact: _____

Lavon resident for: _____ years E-Mail: _____

Occupational Information:

Business Owner: Yes No Current Occupation: _____

Place of Employment: _____

Qualifications:

Educational Background: _____

Special knowledge or experience applicable to City Board or Commission function: _____

Community Activities/Organizations or Professional Group Memberships: _____

City Boards and/or Commissions on which you previously served: _____

Thank you for your interest in serving the City of Lavon. A description of each board is included with this application. Please indicate your area of interest below and carefully consider your obligation before making a selection. If possible, attach a resume and/or other information to assist with the selection process. In addition to regular scheduled board meetings, members may be required to attend training, work sessions, and joint meetings.

Economic Development Corporation: Planning & Zoning Commission:

Would you be interested in serving on a Subcommittee? Yes No

Additional Comments:

Appointees and incumbents may be required to file a Statement of Economic Interest, as required by the City Council or the Mayor. The statement may require a declaration that you have no interest in conflict with the City of Lavon.

If selected as a board member, I understand that information on this application is subject to the Texas Public Information Act and may be disclosed to anyone requesting this information. I understand that the act does not allow a governmental body to choose whether to allow public access to the information in the custody of the body that relates to the home address, home phone number, or that reveals whether the board member has family members.

If selected as a board member of the City of Lavon, I choose to allow not allow public access to my home address, home phone number, or whether I have family members.

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Applicant Signature: _____ Date: _____

Please return completed application to the City Secretary, City of Lavon, 120 School Road, Lavon, TX 75166.

(All applications will be retained by the City of Lavon for a period of one year.)