



FAIRFIELD COUNTY
APPLICATION FOR SERVICE ON BOARDS AND COMMISSIONS

Name: [ ] Dr. [ ] Mr. [ ] Ms. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Resident of Fairfield County? [ ] Yes [ ] No ~ Registered Voter? [ ] Yes [ ] No ~ County Council District: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\*Name Of Board Or Commission For Which You Are Applying: \_\_\_\_\_

\*(See Attached Boards And Commissions Duties And Meeting Schedule)

Reason For Interest: \_\_\_\_\_

Qualifications Or Experience That You Feel Would Be Beneficial To This Board Or Commission: \_\_\_\_\_

Have you ever attended a meeting of this board or commission? [ ] Yes [ ] No

Are you available to meet at the regularly scheduled date and time of the board or commission meetings? [ ] Yes [ ] No

If appointed, will you pledge to faithfully attend the meetings? [ ] Yes [ ] No

Do you have any personal connections to this board's work that might pose a conflict of interest? [ ] Yes [ ] No

If You Are Not Selected To Serve On This Board Or Commission, Are There Other Boards Or Commissions In Which You Are Interested? [ ] Yes [ ] No If So, Please List: \_\_\_\_\_

Do You Presently Serve On Any State, County Or Municipal Board? If Yes, Please List. \_\_\_\_\_

List All Public Offices, Positions Of Public Trust And Commissions You Presently Hold Or Have Held. \_\_\_\_\_

VERY IMPORTANT! If you have a position with a governmental entity or serve on any governmental board or commission, acceptance of the position that you are applying for could constitute an instance of Dual Office Holding. A dual office holding situation could possibly severely impact the status of the position you already hold. If you feel that your acceptance of the appointment you are applying for may result in a dual office holding situation, please consult your Fairfield County Council Representative to evaluate the status of your application before going forward.

By my signature below, I hereby acknowledge that I have reviewed the information above and that I am willing to devote the necessary time to carry out the responsibilities and requirements of the position. I further understand that this appointment will not result in my receiving any compensation for my service.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_