



Board and Commission Application

Date of Application: _____

Councilor District: _____

Applicant Name: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Address: _____

City: _____

State: _____

Zip: _____

Employer or Business Owned: _____

Work Address: _____

Applicant Work Phone Number: _____

Board/Commission on Which You Desire to Serve: _____

Are you a veteran?

Name of Non-City Board/Commission Currently or Previously Served and Position Held:

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Name of City Board/Commission Currently or Previously Served:

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Special Experience/Knowledge:

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OFFICE OF THE CITY CLERK



What Motivates You to Serve:

Community Involvement:

College/Education:

Time in Wichita Falls: _____

Gender (Optional):

Age Group (Optional):

Race (Optional):

I understand that this is an official document and by printing my name below, I hereby declare that the above information is correct and true.

Printed Name

Please return this form to the City Clerk's Office at 1300 7th St Room 104 Wichita Falls, TX 76301 or via email at city-clerk@wichitafallstx.gov