

City of Blanchard ~ Application
Boards ~ Commissions ~ Committees

Name: _____ Date: _____

Please indicate your first and second choice below:

<input type="checkbox"/>	Ad Hoc Committees (<i>when necessary</i>)	<input type="checkbox"/>	Board of Adjustment (<i>3rd Tuesday</i>)
<input type="checkbox"/>	Tourism Board (<i>3rd Monday</i>)	<input type="checkbox"/>	Emergency Management Advisory Committee
<input type="checkbox"/>	Planning Commission (<i>2nd Thursday</i>)	<input type="checkbox"/>	Economic Trust Authority (<i>1st Monday – Bi-monthly</i>)

Personal Information:

Home Address: _____

Telephone: _____ Cell: _____

Email: _____

Employer: _____ Occupation: _____

Business Address: _____ Bus. Phone: _____

I have been a resident of Blanchard for ____ yrs. Registered voter? ☐ Yes ☐ No

Do you have any outstanding debts, taxes, or other liability to the City? ☐ Yes ☐ No

Have you ever or do you currently serve on any city boards? ☐ Yes ☐ No

If so, what board / city and dates? _____

Are you involved in any community activities? ☐ Yes ☐ No

Do you have any specialized training, skills, experience, or education that you feel would be beneficial to the city if you are appointed?

Please describe: _____

Please indicate briefly why you would like to be appointed to a Board or Commission: _____

This space is available for you to include additional information about yourself or add information that you feel would make you a good candidate for a city board. _____

References:

1. _____ City _____ Cell # _____

2. _____ City _____ Cell # _____

3. _____ City _____ Cell # _____

I am aware of the meeting dates and times of the board/commission I have applied for; however, some board and committees are not active at this time. I am aware board members are expected to attend all meetings and training may be required for some or all boards. All board members are expected to prepare in advance for each meeting with materials provided by the city.

Signature

Date

FOR OFFICIAL USE ONLY

Date Application Received:

Mayor's Nomination: ☐ Yes ☐ No

Appointment to:

Term Expires:

☐ Statement & Oath Completed

☐ No appointment made, maintain this
application for one (1) year]