



BOARD / COMMISSION MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY IN INK OR TYPE

Date of Application: _____

*** Board interested to serve:**

<input type="checkbox"/> Airport Advisory Commission	<input type="checkbox"/> Charter Review Committee	<input type="checkbox"/> Civil Service Commission
<input type="checkbox"/> Building Advisory Board of Appeals	<input type="checkbox"/> Design Review Board	<input type="checkbox"/> Evergreen Cemetery Committee
<input type="checkbox"/> Library Advisory Board	<input type="checkbox"/> Parks and Recreation Committee	<input type="checkbox"/> Planning and Zoning Commission
<input type="checkbox"/> Police and Fire Advisory Committee	<input type="checkbox"/> Public Safety Personnel Retirement Board	<input type="checkbox"/> Transit Advisory Committee
<input type="checkbox"/> Bisbee Arts Commission	<input type="checkbox"/> Board of Adjustment	

**Complete One (1) Application for each Board / Commission you wish to serve.*

Last Name	First Name	Middle Initial
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Mailing Address	Number	Street	City	State	Zip Code
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Residential Street Address: _____

Telephone Number(s): _____

Email Address: _____

* I have been a resident of Bisbee for _____ years * Are you currently on any Boards? _____

** (Less than one-year residency or serve on more than one City of Bisbee Board or Commission, please complete Waiver Portion of this Form)*

Please provide a brief summary of Education and Employment Experience (Employer, Job Titles, Dates

Employed): _____

Please provide a brief summary of Civic/Volunteer Experience:

Other Background Information Relevant to Serving in this Position:

I am qualified and interested in serving on this Board because:

Have you ever been convicted of a felony or misdemeanor by any court, or do you have any pending criminal charges against you? Yes No If yes, please Explain: _____

WAIVER REQUEST (If Applicable):

I am requesting that the following rule(s) be waived in order to serve on the Commission:

- _____ Residency Requirement (Bisbee Resident for less than 1 year)
- _____ Length of Service (I have served _____ terms)
- _____ Number of Commission Memberships currently served. I also serve on the:

- _____

I am requesting this/these waivers for the following reasons for consideration:

I hereby certify and affirm that all the information contained in this application is true, complete and correct. I understand that false or misleading statements or the omission of important information made on this application or any time during the process may disqualify me from volunteer work with the City of Bisbee. I understand that the Mayor and Members of the Council must approve any waiver request.

Signature: _____ Date: _____

**When complete, please return to:
City Clerk Office 118 Arizona Street, Bisbee, AZ 85603**

**E-mail: acoronado@bisbeeaz.gov
nwilliams@bisbeeaz.gov**