



## 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 719 Scott Ave. Third Floor Wichita Falls, TX 76301 or via email at [city-clerk@wichitafallstx.gov](mailto:city-clerk@wichitafallstx.gov)