BOARDS & COMMISSIONS APPLICATION

You may also apply using the online application.

PERSONAL INFORMATION Date_____ Name (first) (middle) (last) Phone Number _____ Home Address City_____ State____ Zip Code_____ Magisterial District_____ Current Employer_____ Business Address_____ City_____ State____ Zip Code_____ Business Phone Which address do you prefer for mailings? Home_____ Business____ Other (what address) SKILLS / EXPERIENCE RELEVANT TO YOUR APPLICATION FOR COUNTY BOARDS & COMMISSIONS Occupation (former occupation(s))_____ Education: <u>School</u> Study Area High School College/Technical_____ Graduate Post Graduate _____ Other Past County Board, Commission, Committee Assignments:

Professional /Civic Activities /Other		
Additional Information		

BOARDS & COMMISSIONS INTEREST

Please tell us why you wish to serve on an Augusta County board or commission:

I am willing to serve on or am interested in the following Board, Commission, or Committee appointments. Please indicate your order of preference.

Appointed by Board of Supervisors

Agricultural & Forestal District Advisory Commission
Ag Industry Board
Augusta Water
Blue Ridge Community College Board
Blue Ridge Criminal Justice Board
BRITE Transit Advisory Board
Broadband Committee
Building Board of Appeals
Community Action Program-Staunton, Augusta, Waynesboro (CAP-SAW)
Central Shenandoah Planning District Commission
Central Shenandoah Subarea Health Advisory Council
Community Policy Management Team
Economic Development Authority
Library Board
Parks and Recreation Commission
Planning Commission
Recycling Committee
Shenandoah Valley Workforce Investment Board
Social Services Advisory Board
Valley Community Services Board
Valley Program for Aging Services
Youth Commission
Appointed by Circuit Court
Board of Zoning Appeals
Electoral Board
Equalization Board
Lqualization board
Appointed by Virginia Emergency Response Council
Local Emergency Planning Committee

VOLUNTARY STATISTICAL INFORMATION

The following questions are optional and voluntary. The responses you provide help us compile statistical data to enable us to effectively monitor our efforts to engage a diverse population.

Your responses will NOT be used in making decisions about your appointment and it will be kept only in a statistical file separate from the files of the (board, commission or committee) upon which you may serve.

Gender Identity:	
Date of Birth:	
Check all racial or ethr	nic groups with which you identify:
Asian Black or Africa Hispanic or Lat Native Hawaiia White	
Thank you for your int	erest in serving Augusta County.
Please return to:	County Administrator's Office P. O. Box 590 Verona, VA 24482
OR	
Email to:	coadmin@co.augusta.va.us