



City of Kingsland

Citizen Board Application Form

Name: _____

Home Address: _____

Home City/State/Zip _____

Home Phone: _____

Email Address: _____

Occupation: _____

| | |
|---|---|
| Please check to indicate which Board you are submitting this application for: | Kingsland Board of Ethics _____ |
| | Kingsland Convention & Visitors Bureau Authority _____ |
| | Kingsland Development Authority _____ |
| | Kingsland Downtown Development Authority _____ |
| | Kingsland Planning and Zoning Commission _____ |
| | Kingsland Police Department Use of Force & Accident Citizens Review Board _____ |
| | Camden County Public Service Authority Board _____ |
| Other (Please Specify): _____ | |

Are you interested in additional volunteer opportunities? YES _____ NO _____

Are you currently serving on a City and/or County Board(s)?* YES _____ NO _____

If yes, which board(s) do you serve? _____

Are you a resident of the City of Kingsland? YES _____ NO _____

Are you a resident of Camden County? YES _____ NO _____

Do you hold a public office? YES _____ NO _____

Are you employed by the City Of Kingsland? YES _____ NO _____

Have you been convicted of a misdemeanor or felony, excluding civil traffic infractions? (Note: A DUI and/or revoked license are NOT "civil traffic infractions" and must be reported.) YES _____ NO _____

If yes, please explain: _____



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Do you have any potential conflicts of interest that may arise from time to time if you serve on one of these boards? (A conflict of interest would be anything that inures to your benefit, your employer's benefit or a member of your family's benefit. Note: Having a potential conflict of interest does not necessarily exclude you from serving on a board.)

YES _____ NO _____

If yes, please explain: _____

Please list any community involvement, special skills, talents, experience, expertise or other qualifications that you would bring to the board(s) for which you are applying:

Please list the name, address and telephone number of two people who we may contact as references.

1. _____

2. _____

I hereby declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that, if chosen, any misstatement or omission of fact on this application shall be considered cause for ineligibility for appointment. Applicants are considered for all appointments without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

Print Name

Signature

Date

To ensure your application is considered, be sure to:

- 1) **Complete application**
- 2) **E-mail, mail or fax your application by deadline to:**

City of Kingsland
ATTN: Citizen Board Application
Post Office Box 250 | 107 S Lee Street
Kingsland, GA 31548
Fax: (912) 729-7618
Email: tharvey@KingslandGeorgia.com