



**APPLICATION FOR CITY ADVISORY COMMITTEE/BOARD**

(please type or print in black ink)

If you are interested in serving as a member of an advisory committee/board, please complete the form below. Forms should be returned to the City Clerk's Office at 108 E. Green Street, Ithaca, NY 14850. Please attach additional sheets if necessary. You may wish to attend a meeting of the committee if you have not yet done so. Please call the City Clerk's office at 274-6570 if you have any questions.

Name of Advisory Board/Committee: \_\_\_\_\_

Meeting Time & Place: \_\_\_\_\_ Length of term: \_\_\_\_\_

=====

Applicant name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Length of residence in City \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation(s)/place of business \_\_\_\_\_

Education: \_\_\_\_\_

(schools/degrees/specialties)

Why are you interested in this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What particular strengths would you bring to this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience and community affiliations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return completed application/resume to the City Clerk's office at the above address.

**\*PLEASE NOTE: APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR FROM DATE OF APPLICATION.**

**(For Office Use Only)**

Type of appointment \_\_\_\_\_ Replacing \_\_\_\_\_  
(*new or reappointment*)

Term expiration date: \_\_\_\_\_

Common Council Action: Apptd.: \_\_\_\_\_ Not Apptd. \_\_\_\_\_ Date \_\_\_\_\_

Date appointment letter mailed: \_\_\_\_\_

02/02