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ADVISORY BOARD APPLICATION

Please type or print in black ink (Revised July 2021)

TOMPKINS COUNTY LEGISLATURE
Governor Daniel D. Tompkins Building
121 E Court Street, Ithaca NY 14850
www.tompkinscountynv.gov/legislature
607-274-5434 (phone)/607-274-5430 (fax)
E-mail: legislature@tompskins-co.org

Name of advisory group

Name of seat

If you are interested in serving as a member of an advisory group, please complete this form and submit it to the County Legislature's office. Additional information may be attached as necessary. You may be called for an interview and you may also wish to attend a meeting of the advisory group if you have not yet done so.

Name Date of application

Address (residence) Street City Zip Code

Telephone (home) (work) (mobile) (fax)

E-mail address Length of residence in Tompkins County

*If not a T.C. resident, please stop here and contact the Legislature Office

Occupation, experience, community affiliations

Education schools (degrees) and specialties

Explain why you are you interested in this position or what strengths would you bring to this position?

Diversity Factors (voluntary)

Please list any characteristics about yourself or relevant experience around diversity and inclusion that may enhance the County's efforts to appoint people of diverse backgrounds to its Advisory Boards.

Recommended by If organization or municipality, include name of entity, contact person, and telephone number; if another individual(s), give name(s) and telephone number(s).

References: (1) name, address, and telephone number (2) name, address, and telephone number

Office use only

Type of appointment: new or reappointment [Replacing: (if new)] Term expiration date

Seat Title (area or constituency represented):

Municipal Recommendation on File Nominating Committee Recommendation Received

Copied to Comm.: Legislative Committee recommendation Date

Legislature appointment date Appointment letter mailed date