



APPLICATION FOR BOARDS & COMMISSIONS

Please complete and return applications to the Office of the City Secretary at info@sweenytx.gov
All applications received are retained for one calendar year, starting from the date in which applications is received. In the event a position in the board you have chose Once application has expired, you will be required to resubmit.

APPLICATION FOR:

- Crime Control & Prevention District
- Parks & Recreation Board
- Planning & Zoning Board of Commissioners
- Sweeny Economic Development Corporation (SEDC)

PERSONAL INFORMATION:

_____	_____	_____
Last Name	First Name	Date of Birth
_____	_____	_____
Phone	Email	Occupation

Mailing & Physical Address

Are you are resident of Sweeny? Yes No
 If no, do you live within 10 miles of the center of Sweeny ? Yes No
 Length of residency _____

Are you a Registered Voter in Brazoria County? Yes No
 Voters Registration Number _____
 Drivers License Number _____

CONFLICT OF INTEREST:

Do you, your spouse, or your employer have any financial interest, directly or indirectly, in matters that might come before the board or commission being applied for? Yes No

Do you, your spouse, or your employer have any financial interest, directly or indirectly, in the sale to the City of any land, materials, supplies, or service?

SERVICE INFORMATION:

Please list all City affiliated boards/commissions you are currently serving on and provide length of service.



Please provide a brief background on yourself and tell why you are applying for the specified position. What is your vision for specified organization? *Please note that all boards and commissions are on a volunteer basis. No compensation is awarded for serving.*

REFERENCES:

Please provide contact information for two (2) references:

Name (First, Last) _____

Phone Number _____

Email _____

How acquainted? _____

Name (First, Last) _____

Phone Number _____

Email _____

How acquainted? _____

SIGNATURE DATE

FOR OFFICE USE ONLY:

Date Received _____ Time _____ By _____

Forwarded to Board/President/Affiliate _____ Date/Time _____

Application Expiration Date _____ (one year from date received)