

City of Colonial Heights
APPLICATION for Boards and Commissions

Name: _____

Address: _____

Phone: _____ **Email:** _____

Occupation: _____

Education: _____

PROFESSIONAL and/or COMMUNITY ACTIVITIES:

ADDITIONAL PERTINENT INFORMATION or REFERENCES:

CHOOSE FROM THE FOLLOWING (Please check no more than 3 preferences.)

- | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Advisory Board to City Council | <input type="checkbox"/> Economic Development Authority |
| <input type="checkbox"/> Advisory Board to Recreation and Parks | <input type="checkbox"/> Fire Prevention Board of Appeals |
| <input type="checkbox"/> Architectural Review Board | <input type="checkbox"/> Historical Commission |
| <input type="checkbox"/> Board of Zoning Appeals | <input type="checkbox"/> Personnel Board |
| <input type="checkbox"/> Chesterfield-Colonial Heights Board of Social Services | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> City Wetlands Board | <input type="checkbox"/> Regional Building Code Appeals Board |
| <input type="checkbox"/> Community Criminal Justice Board | <input type="checkbox"/> Senior Citizens Advisory Committee |
| <input type="checkbox"/> Community Policy and Management Team for At-Risk Youth and Families | <input type="checkbox"/> Transportation Safety Commission |
| <input type="checkbox"/> Crater District Area Agency on Aging Board of Directors | <input type="checkbox"/> Virginia's Gateway Region |
| <input type="checkbox"/> District 19 Community Services Board | <input type="checkbox"/> Youth Services Commission |

I HEREBY CONSENT TO THE DISSEMINATION OF THIS DOCUMENT TO THE GENERAL PUBLIC FOR A PERIOD OF ONE YEAR, AFTER WHICH IT SHALL BE PURGED FROM CITY RECORDS.

Signature of Applicant: _____ **Date:** _____