

APPLICATION FOR NOMINATION

City of Hot Springs

Advisory Board, Commission, or Committee

Thank you for your interest in serving on one of the City of Hot Springs' Citizen Advisory Boards, Commissions and Committees. Volunteers such as you are what make our Advisory Boards, Commissions and Committees such a valuable asset to our local government.

Citizen Advisory groups perform a critical role by advising the City Board of Directors on important and complex issues. They are a structured way for individual citizens to share their opinions and perspectives, and formulate recommendations. Citizen advisory groups also:

- > Assist the Board of Directors when formulating public policy by helping transform policy decisions into action.
- > Address issues of interest or conduct background work on technical or politically sensitive issues.
- > Serve as a way to build public consensus on controversial issues before elected officials make a decision.
- > Gives the community a forum for discussion in greater depth than is possible before a legislative body.
- Provide expertise without expending budget money.

As you read above, citizens groups are very important and as such, volunteers placed on these Boards, Commissions and Committees should possess a strong interest in giving back to their community and be willing to contribute the hours necessary to make a difference. Members will be expected to:

- > Study programs and services, and analyze problems and needs.
- Individual members, and the collective group, will be fair, impartial, and respectful of the public, staff and each other.
- Members will strive to appreciate differences in approach and point of view, whether from each other, the community, the city board, or staff.

The City of Hot Springs appreciates your interest in serving on one of our Advisory Groups, and in order to make sure you are appointed to a committee that bests serves your interests, we require applicants to attend at least one regular meeting of the Advisory group they are applying for and attend a scheduled interview with the Board of Directors. You may check the website or call the City Clerk's office to obtain the next meeting time of any Advisory Board, Commission or Committee as well as the upcoming interview date and time. There is a place on the attached application to document the date of the committee meeting you attend.

We thank you again for your interest in making our community a stronger place to call home.



APPLICATION FOR NOMINATION

	Date of Application:		
Full Legal Name:			
I am applying for the following Board(s), Commission(s), or Corank in order of preference			
City Board District Residency (check one): □#1 □#2 □#3 □#4 □#5 □#6 □ Outside of City Home Address:	Voter Registration Number:		
Street	City Zip		
I have lived in Hot Springs for more than 3 years: □yes □no	I am a customer of Hot Springs Utiliti	es: □yes □no	
Home Phone Number:	Cell Phone Number:		
E-Mail Address	Business Phone Number:		
Business Name:			
Address	City	Zip	
I have attended a regular meeting of the	Advisory Col	Advisory Committee or	
Commission held on this date: at this	s location:		
REASON FOR APPLYING : Please describe your reason for appl talents, experiences, or interests that would help make you are particular goals you would like to see the advisory group achies	n excellent member for this group. Also,		
SKILLS AND QUALIFICATIONS : List any specific skills, abilities, a for which you are applying.	and/or qualifications that are relevant to	the Advisory Group	
EDUCATION: Please describe your educational background in support your application to this Advisory Group.	cluding all degrees, technical training, c	ertificates, etc. that	

COMMUNITY SERVICE and ACTIVITIES: Please describe your community service activities:		
ADDITIONAL COMMENTS: Please use this space for any regarding your interest in serving on this advisory group:	additional information you would like to share about yourself	
ELECTED POSITIONS: List any elective office of the city, c	ounty or state that you currently hold or are running for:	
MEMBERSHIPS: List any membership or affiliations with	political organizations you have:	
· · · · · · · · · · · · · · · · · · ·	who are currently or were within the past two (2) years employed onship to you, and the department in which they were employed	
BUSINESS RELATIONSHIPS: Do you conduct any business that business.	s with the City of Hot Springs? If so, please explain the nature of	
CRIMINAL HISTORY: Have you ever been convicted of a f	Telony? If so, please provide the nature of the charge.	
REFERENCES: List three names with phone numbers:		
<u>1.</u>		
<u>2.</u> <u>3.</u>		
(Print Name) best of my knowledge; and further, that I understar	that the above information is true and accurate to the and that I am required to attend a meeting of the committee ting with the Board of Directors. I understand that the som of Information Act.	
Signature	Date	

PLEASE RETURN THIS FORM TO: Office of the City Clerk, City of Hot Springs, PO Box 700, Hot Springs, AR 71902. Or you may email this form to lleaverton@cityhs.net If you have any questions, please call (501) 321-6805.

^{*}Please note that to be eligible for nomination for an Advisory Group, you must meet certain requirement that may include being a registered voter residing within the city and/or residing within a specific board district of Hot Springs.