



**CITY OF CHARLOTTESVILLE  
BOARDS & COMMISSIONS APPLICATION**

**Please type or print in dark ink. Do not write on the back. Attach an additional sheet if necessary.**

**The following information and any attachments may be released to the general public pursuant to a Freedom of Information Act request.**

Name of Board/Commission applying for: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

City Resident? (Please Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a City Resident, how long have you lived in the City of Charlottesville? \_\_\_\_\_

Schools attended, degrees, graduation dates: \_\_\_\_\_

Memberships in fraternal, business, and/or social groups: \_\_\_\_\_

Public, civic and charitable offices and/or activities: \_\_\_\_\_

Interests aside from profession: \_\_\_\_\_

Reasons for wanting to serve on this board/commission: \_\_\_\_\_

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**The following information will be classified as personnel information pursuant to Virginia Code Section 2.2-3705.1 and the Council will not release this information to the general public pursuant to a Freedom of Information Act request.**

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Residence: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN TO:**  
**Clerk of Council**  
**P.O. Box 911**  
**Charlottesville, VA 22902**  
**Phone: 434-970-3113, Fax: 434-970-3890**  
**clerk@charlottesville.org**