



# TOWN OF CROSS ROADS BOARD / COMMISSION APPLICATION Fiscal Year 2016



Please check the appropriate Board, Commission or Committee(s) you are interested in serving on:  
If you are interested in more than one, please rate your preference.

- |   |   |
|---|---|
| <input type="checkbox"/> Architecture Review Board      | <input type="checkbox"/> Parks and Recreation Board   |
| <input type="checkbox"/> Municipal Development District | <input type="checkbox"/> Planning & Zoning Commission |
| <input type="checkbox"/> Northeast Police Commission    |   |

*We strongly encourage that a brief resume be submitted along with your application.*

*Please print legibly:*

Name: _____	Email: _____
Address: _____	City: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Preferred Method of Contact? _____

Occupation, Experience / Degrees Held?

\_\_\_\_\_

Do you currently preside on this Board/Committee/Board?

\_\_\_\_\_

If so, how long have you been on this Board/Committee/Board?

\_\_\_\_\_

Why do you want to serve on this group?

\_\_\_\_\_

Do you have any potential conflicts of interest?

\_\_\_\_\_

Do you have any related experience?

\_\_\_\_\_

What do you feel you have to offer this group?

\_\_\_\_\_

### TEXAS PUBLIC INFORMATION ACT

**Notice to Applicants:** Once submitted, information contained in and included with this application is considered public record and must be released if a request is made. According to Texas Government Code Section 552.024., The Public Information Act allows employees, public officials, and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act, Therefore, please indicate whether you wish to allow public release of the following information:

	ALLOW PUBLIC ACCESS	
	NO	YES
<b>Home Address</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Phone Number</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cell Phone Number</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Email Address</b>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Official Name (Please Print Legibly)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Received By