



**CITY OF AMARILLO
DATA SHEET
BOARD AND COMMISSION CANDIDATE**

Name: _____ resident of City for _____ years

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Business: _____ Address: _____

Board of Preference: _____

Special knowledge or experience applicable to City Board and Commission function:

Professional Affiliations: _____

Areas of interest: _____

Would any special physical accommodations be necessary for you to participate in meetings due to a disability? If so, what? _____

Please specify any time constraints you may have: _____

I have attended one or more meetings of the board or commission for which I have applied:

Yes _____ No _____

Authorization to Release Personal Information Yes _____ No _____

Amarillo 101 Participant Yes _____ No _____

Date: _____ Signature: _____

RETURN COMPLETED FORM TO THE CITY SECRETARY'S OFFICE:

P. O. Box 1971

Amarillo TX 79105-1971

(806) 378-3014

EMAIL: frances.hibbs@amarillo.gov