

**ANNOUNCEMENT**  
**APPOINTMENT TO**  
**SOUTHWEST GEORGIA COMMUNITY ACTION COUNCIL**  
**BOARD OF DIRECTORS**



In order for qualified citizens to be made aware of the opportunity to serve on the Southwest Georgia Community Action Council, Inc. Board of Directors, the Colquitt County Board of Commissioners hereby announces an opening for a county appointee as a public sector representative.

The Colquitt County Board of Commissioners will accept applications for this opening. Each individual applying must complete a General Board Application. This document is available at [www.ccboc.com](http://www.ccboc.com). You may also contact Melissa Lawson, County Clerk, at the Colquitt County Courthouse Annex, 101 East Central Avenue, 2<sup>nd</sup> Floor, Room 261-B, Moultrie, GA, (229) 616-7409, or by email at [mlawson@ccboc.com](mailto:mlawson@ccboc.com).

The closing date for submitting the General Board Application will be Friday, August 23<sup>rd</sup>, at 5:00 p.m. The appointment will be selected at the Regular Meeting of the Board on Tuesday, September 3, 2019.



**COLQUITT COUNTY BOARD OF COMMISSIONERS  
AUTHORITY, BOARD, COMMISSION AND ADVISORY COMMITTEE  
MEMBERSHIP**

**GENERAL APPLICATION FOR APPOINTMENT**

BOARD/COMMISSION/AUTHORITY/COMMITTEE APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

COLQUITT COUNTY COMMISSION DISTRICT (CIRCLE): 1 2 3 4 5 6

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU A COUNTY RESIDENT? \_\_\_\_ YES \_\_\_\_ NO HOW LONG? \_\_\_\_

NAME/ADDRESS OF EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_

PROFESSIONAL EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE/CIVIC ORGANIZATION AFFILIATIONS: \_\_\_\_\_

IN WHAT WAYS DO YOU THINK YOU CAN CONTRIBUTE TO THE PRIMARY MISSION OF THE ORGANIZATION TO WHICH YOU ARE REQUESTING TO BE APPOINTED? \_\_\_\_\_

WHAT SPECIFIC SKILLS, KNOWLEDGE AND ABILITIES DO YOU POSSESS THAT WOULD CONTRIBUTE TO THE ORGANIZATION TO WHICH YOU ARE REQUESTING TO BE APPOINTED? \_\_\_\_\_

WHAT AREAS DO YOU FEEL MAY BE IMPROVED IN THIS ORGANIZATION? \_\_\_\_\_

WHY ARE YOU SEEKING THIS APPOINTMENT? \_\_\_\_\_

**YOUR SIGNATURE ON THIS FORM CONFIRMS THAT YOU HAVE READ AND ACKNOWLEDGE ALL OF THE ENCLOSED INFORMATION, AND THAT YOU ARE WILLING TO COMMIT THE TIME REQUIRED TO FULFILL THE RESPONSIBILITIES OF THE APPOINTMENT YOU ARE REQUESTING.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE