



**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