STAFFORD COUNTY
BOARD BANK APPLICATION

NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE NUMBERS: _____
(HOME) (BUSINESS) (FAX)

E-MAIL ADDRESS: _____

PROFESSION OR VOCATION: _____

BOARDS, COMMITTEES OR COMMISSIONS ON WHICH YOU WISH TO SERVE:

_____

_____

OTHER INTERESTS: _____

EDUCATION: _____

JOB EXPERIENCE: _____

CIVIC OR SERVICE ORGANIZATION EXPERIENCE: _____

_____

ARE YOU PRESENTLY A MEMBER OF A STAFFORD COUNTY BOARD, COMMITTEE OR COMMISSION? _____ IF YES, PLEASE NAME: _____

HAVE YOU PREVIOUSLY SERVED AS A MEMBER OF A STAFFORD COUNTY BOARD, COMMITTEE OR COMMISSION? _____ IF YES, PLEASE NAME:

_____

ARE YOU A REGISTERED VOTER? ____ ELECTION DISTRICT NAME: _____

SIGN: _____ DATE: _____

NOTE: APPOINTMENT TO A STAFFORD COUNTY COMMISSION, COMMITTEE OR BOARD MAY MAKE YOU SUBJECT TO THE PROVISIONS OF THE VIRGINIA CONFLICT OF INTERESTS ACT.