



**APPLICATION FOR BOARDS AND COMMISSIONS**  
TOWN OF URBANNA, VIRGINIA

FOR OFFICE USE ONLY

Appointed To
Date

Board or Commission for which you are applying:

YOUR NAME (Last, First, Middle)	Number of Years Living in Urbanna	Cell Phone Number	
Permanent Mailing Address	City	State	Zip Code
Present Mailing Address (If different)	City	State	Zip Code
Your Occupation - Title	Business Phone Number	Residence Phone Number	
Employer Name	Email Address		
Employer Address	City	State	Zip Code

**EDUCATION AND GENERAL QUALIFICATIONS**

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course(s) of Study
High School					
College					
Trade/Business/Correspondence					
Memberships in Organizations and Offices Held. Indicate Date Held					
Volunteer Activities Indicate if Past or Present					
Your Special Skills and Qualifications					

**REFERENCES (list three persons, not related to you, whom you have known for at least one year.)**

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

I  am  am not at least eighteen (18) years of age.

RETURN COMPLETED FORM TO:  
Urbanna Town Office  
Post Office Box 179  
Urbanna, Virginia 23175

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_