

**CITY OF MOULTRIE
COMMITTEE MEMBERSHIP**

GENERAL APPLICATION FOR APPOINTMENT

BOARD/COUNCIL/AUTHORITY/COMMITTEE APPLIED FOR: _____

NAME: _____ DATE: _____

ADDRESS: _____ HOME PHONE: _____

CITY/ZIP: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

ARE YOU A CITY OF MOULTRIE RESIDENT? ____ YES ____ NO HOW LONG? ____

ARE YOU A COLQUITT 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? _____

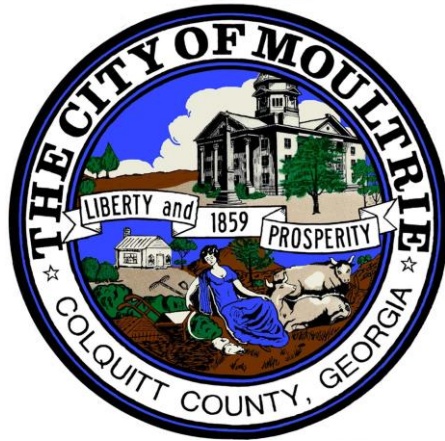
WHAT AREAS DO YOU FEEL MAY BE IMPROVED IN THIS ORGANIZATION? _____

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

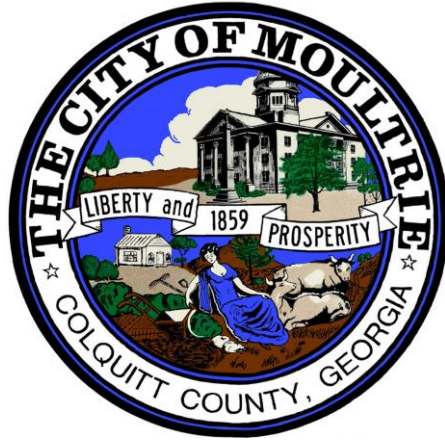
DATE



City of Moultrie

Authorities/Boards/Commissions/Committees

1. Moultrie – Colquitt County Development Authority – 2 year term
2. Colquitt County Board of Health – 6 year term
3. Moultrie – Colquitt County Planning Commission – 3 year term
4. SWGA Regional Development Commission Private Sector Appointments – 1 year term
5. Downtown Development Authority – 6 year term
6. Board of Trustees, Retirement Fund (Pension Board) – 2 year term
7. Historic Preservation Commission – 3 year term
8. Zoning Board of Adjustments & Appeals – 5 year term
9. Tree Committee – 2 year term
10. Airport Authority – 3 year term
11. Moultrie-Colquitt County Humane Society – 3 year term
12. Moultrie-Colquitt County Recreation Authority – 3 year term



CITY OF MOULTRIE
BOARDS, COMMISSIONS, AUTHORITIES,
AND ADVISORY COMMITTEES
CODE OF ETHICS FORM

I hereby certify that I have reviewed and understand the contents of the City of Moultrie Code of Ethics policy. I further acknowledge that I will fully comply with all provisions of this policy, and I understand that any action that I take in violation of this policy is grounds for removal from my appointment by the Mayor and City Council.

Name Printed

Signature

Date