High School Student Talent Bank Application City Council Appointive Agencies



Instructions

You may attach your own resume or other supporting data. Each application is retained on file for one year and may be updated at any time by contacting the City Clerk at 385-4036 or 385-4303. Each applicant must be a resident of Virginia Beach.

Thank you for completing this application and for your interest in serving the City of Virginia Beach.

Contact Information	
Name (last, first, M.I.)	
Street Address	
City Z ip Code	
Phone	
E-Mail Address	
Applicant's District (circle one)	1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 /
Academic Information	
Name of High School	
Current Grade	
Graduation Date	
Please list any extracurricula	r activities you are involved in

Please state your interest and/or reason to seek City Council's appointment to the Active Transportation Advisory Committee (ATAC):		
References (Optional)		
1. Name (last, first MI.)		
Relationship to Applicant		
Phone		
E-Mail Address		
2. Name (last, first MI.)		
Relationship to Applicant		
Phone		
E-Mail Address		
3. Name (last, first MI.)		
Relationship to Applicant		
Phone		
E-Mail Address		

Agreement a	nd Signa	ıture
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By my signature to this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I affirm my willingness to fulfill my commitment to actively attend and participate if appointed and to comply with the Virginia Financial Disclosure requirements, if applicable.

Full Name (printed)	
Signature	
Date	

Please submit this application via U.S. Mail or Email to:

Amanda Barnes, MMC, City Clerk 2401 Courthouse Drive, Suite 281 Virginia Beach, VA. 23456 <u>abarnes@vbgov.com</u>