



CITY OF HOBBS

ADVISORY BOARD APPLICATION

Notice: Pursuant to ordinance, all City of Hobbs Advisory Board members must be residents within the municipal boundaries of the City of Hobbs.

All board members are required to complete financial disclosures every year.

Name of Advisory Board Applying For: _____

Applicant Name: _____

Residence Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ Cellular Phone: _____

Place of Employment/Job Title: _____

Are you currently serving on any other City boards or committees? Yes _____ No _____

If so, please list: _____

Do you have any vested interest that might conflict with the board's function and/or purpose?

Present civic membership: _____

What expertise, skill, volunteer experience or knowledge will you bring to this board?

List all major accomplishments in this field or in a related field: _____



Explain why you wish to serve: _____

Explain what you would like to accomplish: _____

(Attach any additional information if necessary)

I live in District _____

Were you recommended to apply by Commissioner from your District ___ or by the Mayor ___?

(Mark one, if neither, leave blank)

Date: _____

Signature: _____

Attention Applicant: All applications are to be turned into the City Clerk's office. The City Clerk will process your application as vacancies or expirations occur.

All applications will be kept on file for three years from dates received. A new application must be completed if you would still be considered for an appointment **OR** if your information has changed.