

CITY OF GONZALES BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

As an applicant for a City board, committee, or commission, the information on this form may be available in accordance with the guidelines of the Texas Public Information Act. You have the right to request the exclusion of certain information from public access.

Certain boards may have additional qualification requirements. View information about each board on the City website or contact the City Secretary's Office.

| Name: | Mailing Addres | ss: | | |
|--|---|--|--|--|
| City, State & Zip: | | Phone Number: | | |
| Email: | Employ | /er: | | |
| Occupation: | Business Address: | | | |
| Are you a resident of Gonzales? Y Do you currently serve on a City of Gonzales b If yes, which one(s)? Do you have any relatives who work for the Ci Please state why you wish to serve as a memb | oard or commission? Y ty of Gonzales? Y | N If so, who? | | |
| | ection by section). This app | illing to serve? Please indicate your preference plication will remain on file for ninety (90) days. | | |
| Library Board | Museum Advisory E | Board | | |
| JB Wells Park Advisory Board | ard Independent Golf Course Advisory Board | | | |
| Airport Advisory Board Beautification & Design Board | Convention & Visito | or Bureau | | |
| DECISION MAKING/QUASIJUDICIAL BOARDS, (| | SIONIS | | |
| Planning and Zoning Commission | | | | |
| SEPARATE LEGAL ENTITIES/NON-PROFIT CORPORATIONS | | | | |
| Gonzales Economic Development Corp. | | ry Board | | |
| AD HOC OR OTHER OPPORTUNTIES AS AV | /AILABLE – Items mav arise f | rom time to time such as redistricting, or charter | | |
| review committees, or appointments to region | <u> </u> | J | | |
| Gonzales, Texas. I affirm that all informa | tion contained in this ap nall be cause for relinquishin | a board, committee or commission of the City of plication is true and complete and that any ag my role as a volunteer for the City of Gonzales. uct (Article 9.500 of the Code of Ordinances). | | |
| SIGNATURE: | | DATE: | | |
| City of Gonzales | s – 820 St. Joseph. Gonzales, TX-78629 | 9 – (830) 672-2815 | | |



Consent for Felony Background History Authorization/Waiver/Indemnity Form

Each volunteer applicant who is requesting consideration for the appointment to a board, committee or commission of the City of Gonzales, Texas must sign a consent for felony background history authorization/waiver/indemnity form, giving approval for the City of Gonzales to perform a felony background search.

I authorize any duly authorized agent of the City of Gonzales to conduct a review of and obtain full disclosure of all records relating to my felony background record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used in part to determine my eligibility for a volunteer position with the City of Gonzales. I also understand that as long as I remain a volunteer with the City of Gonzales, the felony background check may be repeated at any time. I understand that I will have an opportunity to review the background and a procedure is available for clarification, if I dispute the record received.

I, the undersigned, do, for myself, my heirs, my executors and administrators, hereby remise, release and forever discharge and agree to indemnify the City of Gonzales and each of its officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to be considered for the appointment to a board, committee or commission of the City of Gonzales, Texas.

| Applicant Name: | | |
|-----------------------------|---------------------------------|--------------|
| Applicant Physical Address: | | |
| | (Street, City, State, Zip Code) | |
| Date of Birth: | Social Security Number | ber: |
| Driver License Number: | Driver License State: | |
| | | |
| Applicant Signature | Date | |