

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 Address:
City, State & Zip: Phone Number:
Email: Employer:
Occupation: Business Address:
Are you a resident of Gonzales? Y N If yes, how long? Do you currently serve on a City of Gonzales board or commission? Y N If yes, how long? N If yes, which one(s)? N If yes, which one(s)? Y N If so, who? If selected, do you wish to only serve on one board? Y N
Please state why you wish to serve as a member of a City board, commission, or committee.
f selected, on which boards/committees/commissions would you be willing to serve? Please indicate your preference by number, 1, 2, 3, etc. (number overall, not section by section). This application will remain on file for ninety (90) days. ADVISORY BOARDS, COMMITTEES, OR COMMISSIONS
Library Board Museum Advisory Board Beautification & Design Board JB Wells Park Advisory Board Independent Golf Course Advisory Board Convention & Visitor Bureau Convention & Visitor Bureau DECISION MAKING/QUASIJUDICIAL BOARDS, COMMITTEES, OR COMMISSIONS Planning and Zoning Commission Board of Adjustment/Sign Control Board
SEPARATE LEGAL ENTITIES/NON-PROFIT CORPORATIONS Gonzales Economic Development Corp Main Street Advisory Board
AD HOC OR OTHER OPPORTUNTIES AS AVAILABLE – Items may arise from time to time such as redistricting, or charter review committees, or appointments to regional committees, etc.
, the undersigned, hereby request consideration for the appointment to a board, committee or commission of the City of Gonzales, Texas. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or omission shall be cause for relinquishing my role as a volunteer for the City of Gonzales. have read and understand the City of Gonzales Code of Ethics and Conduct (Article 9.500 of the Code of Ordinances).
SIGNATURE: DATE:
City of Gonzales – 820 St. Joseph, Gonzales, TX 78629 – (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	et, City, State, Zip Code)
Date of Birth:	Social Security Number:
Driver License Number:	Driver License State:
Applicant Signature	Date