APPLICATION TO SERVE ON BOARDS & COMMITTEES

NAME: _____ DATE: _____

HOME ADDRESS: _____
(Must be verifiable homestead)

MAILING ADDRESS: _____

TELEPHONE: (Residence) _____ (Cell) _____ (Office) _____

E-MAIL ADDRESS _____

OCCUPATION: (If retired, indicate former occupation or profession.)
_____

PROFESSIONAL AND/OR COMMUNITY ACTIVITIES:
_____
_____

CONFLICT OF INTEREST: DO YOU, YOUR CHILDREN, YOUR PARENTS; YOUR SPOUSE; OR YOUR SPOUSE'S CHILDREN OR PARENTS; OR YOUR EMPLOYER HAVE AN EMPLOYMENT OR OTHER BUSINESS RELATIONSHIP WITH A LOCAL GOVERNMENT OFFICER SERVING ON THE CITY COUNCIL OR HAVE DEALINGS WITH ANY ENTITY OR INDIVIDUAL THAT RESULTS IN THE OFFICER OR FAMILY MEMBER RECEIVING OR POSSIBLY RECEIVING TAXABLE INCOME, THAT EXCEEDS $2,500 DURING THE PAST OR FUTURE 12-MONTH PERIOD THAT MAY PRESENT A CONFLICT IN CONNECTION WITH YOUR SERVICE ON THE BOARD IN WHICH YOU SEEK TO SERVE? _____: (If yes please explain)
_____
_____
_____

PLEASE NUMBER IN ORDER OF PREFERENCE THE BOARD YOU ARE INTERESTED IN SERVING:

Board		Board	
		MISSION HOUSING AUTHORITY	_____
AMBULANCE BOARD	_____	ORDINANCE REVIEW COMMITTEE	_____
AUDIT COMMITTEE	_____	PARKS & RECREATION BOARD	_____
BUILDING BOARD OF ADJUSTMENTS	_____	PLANNING & ZONING COMMISSION	_____
CITIZENS ADVISORY COMMITTEE	_____	SHARY GOLF COURSE ADVISORY BOARD	_____
CIVIL SERVICE COMMISSION	_____	SPEER MEMORIAL LIBRARY BOARD	_____
"KEEP MISSION BEAUTIFUL" BEAUTIFICATION COMMITTEE	_____	TAX INCREMENT REINVESTMENT ZONE BOARD	_____
MISSION ECONOMIC DEVELOPMENT AUTHORITY	_____	TRAFFIC SAFETY COMMITTEE	_____
MISSION ECONOMIC DEVELOPMENT CORPORATION (MEDC)	_____	YOUTH ADVOCACY (BOYS & GIRLS CLUB)	_____
MISSION EDUCATION DEVELOPMENT COUNCIL	_____	ZONING BOARD OF ADUSTMENTS	_____
MISSION HISTORIC PRESERVATION COMMISSION	_____		

BOARDS/COMMITTEES YOU HAVE PREVIOUSLY SERVED:
_____
_____

RETURN COMPLETED FORM TO:

CITY OF MISSION, CITY SECRETARY
1201 E 8TH STREET
MISSION, TX 78572
acarrillo@missiontexas.us
Phone: 956-580-8721
Fax: 956-580-8669

(Revised 06/2025)

FOR OFFICE USE ONLY
APPT. TO: _____
DATE: _____
PUBLIC ACCESS FORM: _____