## City of Woodbine

## **IDA Board Application Form**

| Name:   |                             |     |    |
|---|-----------------------------|-----|----|
| Home Address:   |                             |     |    |
| Home City/State/Zip   |                             |     |    |
| Home Phone:   |                             |     |    |
| Email Address:  |                             |     |    |
| Occupation:   |                             |     |    |
| Are you interested in addition  | al volunteer opportunities? | YES | NO |
| Are you currently serving on a City and/or County Board(s)?*  |                             | YES | NO |
| If yes, which board(s) do you s   | erve?                       |     |    |
|   |                             |     |    |
|   |                             |     |    |
| Are you a resident of the City  | of Woodbine?                | YES | NO |
| Are you a resident of Camden County?  |                             | YES |    |
| Do you hold a public office?  |                             | YES |    |
| Are you employed by the City  | of Woodbine?                | YES | NO |
| Have you been convicted of a misdemeanor or felony, excluding civil traffic infractions? (Note: A DUI and/or revoked license are NOT "civil traffic infractions" and must be reported.) |                             | YES | NO |
| If yes, please explain:   |                             |     |    |
|   |                             |     |    |
|   |                             |     |    |
|   |                             |     |    |
|   |                             |     |    |

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| Do you have any potential conflicts of interest that you serve on one of these boards? (A conflict of intinures to your benefit, your employer's benefit or a benefit. Note: Having a potential conflict of interest you from serving on a board.) | erest would be anything that<br>member of your family's                         | YES                                   | NO         |
|--|---|---------------------------------------|------------|
| If yes, please explain:  |   |                                       |            |
|  |   |                                       |            |
|  |   |                                       |            |
|  |   |                                       |            |
| Please list any community involvement, special skil would bring to the board(s) for which you are apply  |   | :her qualification                    | s that you |
|  |   |                                       |            |
|  |   |                                       |            |
|  |   |                                       |            |
| Please list the name, address and telephone number   | er of two people who we may contact   | as references.                        |            |
| 1.   |   |                                       |            |
| 2.   |   |                                       |            |
| I hereby declare that the information provided by r<br>my knowledge. I understand that, if chosen, any mi<br>considered cause for ineligibility for appointment. A<br>race, color, religion, sex, national origin, age, marita                     | sstatement or omission of fact on thi<br>Applicants are considered for all appo | s application sha<br>pintments withou | ll be      |
| Print Name   | Signature   | _                                     | Date       |

To ensure your application is considered, be sure to:

- 1) Complete application
- 2) E-mail, mail or fax your application by deadline to:

City of Woodbine ATTN: JDA Board Application P.O. Box 26 | 310 Bedell Avenue Woodbine, GA 31569 Fax: (912) 576-3274

Email: cityofwoodbine@tds.net