

# City of Woodbine

## PSA Board Application Form

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you interested in additional 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 serve? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a resident of the City of Woodbine? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a resident of Camden County? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you hold a public office? YES \_\_\_\_\_ NO \_\_\_\_\_

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 may arise from time to time if you serve on one of these boards? (A conflict of interest would be anything that inures to your benefit, your employer's benefit or a member of your family's benefit. Note: Having a potential conflict of interest does not necessarily exclude you from serving on a board.)

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any community involvement, special skills, talents, experience, expertise or other qualifications that you would bring to the board(s) for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the name, address and telephone number of two people who we may contact as references.

1. \_\_\_\_\_

2. \_\_\_\_\_

I hereby declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that, if chosen, any misstatement or omission of fact on this application shall be considered cause for ineligibility for appointment. Applicants are considered for all appointments without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

\_\_\_\_\_

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: PSA Board Application  
P.O. Box 26 | 310 Bedell Avenue  
Woodbine, GA 31569  
Fax: (912) 576-3274  
Email: [cityofwoodbine@tds.net](mailto:cityofwoodbine@tds.net)