



**Town of Abingdon
Board and Commission Application**

The Abingdon Town Council has adopted this application for use by individuals interested in appointment to any of the Town's advisory boards and commissions. To ensure your application will receive full consideration, please answer all questions completely.

Return this application either in person, by mail or by fax to the **Town of Abingdon, ATTN: Town Manager, P.O. Box 789, 133 West Main Street, Abingdon, VA 24212. FAX 276-628-9986**

*****PLEASE PRINT OR TYPE*****

PERSONAL INFORMATION

Name _____ Date _____

Address _____ City/State _____ Zip _____

Do you live inside the Town limits of Abingdon? **YES** _____ **NO** _____

Telephone: *Home* _____ *Work* _____
Cell _____ *Fax* _____

PLACE OF EMPLOYMENT _____

Address _____

Description of job duties: _____

EDUCATIONAL BACKGROUND Please list including names of all schools and years attended.

BOARD PREFERENCE

Are you currently serving on a board or commission of the Town of Abingdon? **Yes**___ **No**___

If so, which Board(s) or Commission(s)? _____

When do(es) your present term(s) expire? (mm/yy) _____

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Have you ever served on any boards or commissions in the past either here or in other localities? **Yes**__ **No**__
If so, what were they and when did you serve?

Please list the name(s) of the board(s) to which you are applying or seeking reappointment to (see attached list and board and commission description):

Why do you wish to serve the Town in this capacity? Do you have an area of interest or background that you believe would be a beneficial service in this capacity? If so, what is it and how would it be helpful?

To the best of my ability, all information on this application is truthful.

SIGNATURE _____

Thank you for your interest in appointment to the Town of Abingdon's Advisory Boards and Commissions.
Questions? Call 276-628-3167