

CITY OF HOBBS

ADVISORY BOARD APPLICATION

Notice: Pursuant to ordinance, all City of Hobbs Advisory Board members must be residents within the municipal boundaries of the City of Hobbs.

All board members are required to complete financial disclosures every year.

Name of Advisory Board Applying For:	
Applicant Name:	
Residence Address:	
Mailing Address:	
Home Phone:	Work Phone:
Mobile Phone: Email:	
Place of Employment/Job Title:	
Are you currently serving on any other City boards or cor	mmittees? Yes No
If so, please list:	
Do you have any vested interest that might conflict with the board's function and/or purpose?	
Present civic membership:	
What expertise, skill, volunteer experience or knowledge will you bring to this board?	
List all major accomplishments in this field or in a related	



Explain why you wish to serve:	
Explain what you would like to accomplish:	
(Attach any additional information if necessary)	
I live in District	
Were you recommended to apply by Commissioner from your District or by the Mayor?	
(Mark one, if neither, leave blank)	
Date: Signature:	

Attention Applicant: All applications are to be turned into the City Clerk's office. The City Clerk will process your application as vacancies or expirations occur.

All applications will be kept on file for three years from dates received. A new application must be completed if you would still be considered for an appointment **OR** if your information has changed.