APPLICATION FOR COUNCIL VACANCY

If additional space is needed, attach extra sheets. Please attach a resume if available.

1. **Name** _____
   (Last) (First) (MI)
   Phone: Home _____ **Work** _____ **Cell** _____
   Home Address _____
   Mailing Address _____
   Email _____

2. **Why do you want to be a member of Town Council?**
   _____
   _____
   _____
   _____
   _____
   _____

3. **What experience or background makes you feel qualified to serve on Town Council?**
   _____
   _____

4. **What is your vision for Strasburg in the next 5 years?**
   _____
   _____

5. **The appointed member will only fill the vacant seat until June 30th 2018. If appointed, do you intend to run for re-election in May of 2018?**

6. **If asked to serve by the Town Council, are you aware of any potential conflicts of interest?**
   _____ **No** _____ **Yes**

   If yes, briefly describe foreseen conflict: _____

7. **Meetings occur during the evenings, and occasionally during the day, and sometime require preparation prior to; are you prepared to devote the necessary time?** _____**No** _____**Yes**

_____ _____
(Date) (Signature)

The Town of Strasburg considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-position related medical condition or handicap, or any other legally protected status.

TOWN OF STRASBURG
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