



**TOWN OF STRASBURG**  
174 E. King Street ✕ P.O. Box 351  
Strasburg, VA 22657  
Phone: 540-465-9197 ✕ Fax: 540-465-3252

APPLICATION FOR APPOINTMENT TO A TOWN BOARD,  
COMMISSION, OR COMMITTEE

(If additional space is needed, do not hesitate to attach extra sheets. Please attach a resume if available. Applications will be held for one year from date received. All applicants must live within the town limits of Strasburg).

1. NAME \_\_\_\_\_  
(Last) (First) (MI)

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

2. Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

3. I am interested in serving on the following:

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

\_\_\_\_\_ I **wish** to be considered for appointment to any position available.

\_\_\_\_\_ I **do not wish** to be considered for any other position except those listed.

4. Why do you want to be a member of the entities listed above?

\_\_\_\_\_  
\_\_\_\_\_

5. What experience or background makes you feel qualified to serve on a board, commission, or committee? \_\_\_\_\_

6. What are your ideas concerning the purposes and functions of your first choice?

\_\_\_\_\_  
\_\_\_\_\_

7. If asked to serve by the Town Council, are there any conflicts of interest that might be brought out by your serving on a board, commission, or committee? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, briefly describe foreseen conflict: \_\_\_\_\_

8. How much time are you willing to devote to meetings, etc.? \_\_\_\_\_  
Are you available during the day or evenings for meetings? \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

All applicants for positions with the Town of Strasburg will receive consideration without regard to gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, genetic information, medical condition, veteran status, physical or mental disability, or any other legally protected status.