

CITY OF FORT SMITH
Application for City Boards/Commissions/Committees

Note: As an applicant for a City Board, Commission or Committee, your name, address and phone number will be available to the press and the public. You will be contacted before any action is taken on your appointment.

Date: _____

Name: _____ Home Telephone: _____

Address: _____ Work Telephone: _____

Zip: _____ Email: _____

Occupation: _____
(If retired, please indicate former occupation or profession)

Education: _____

Professional and/or Community Activities: _____

Additional Pertinent Information/References: _____

Are you a registered voter in the City of Fort Smith? Yes ___ No ___

Have you ever been convicted of a felony, misdemeanor, DWI/DUI or other serious traffic offense?
Yes ___ NO ___

If yes, please identify the offense and the approximate date. A "yes" answer will not automatically preclude you from consideration. _____

Drivers License _____

Date of Birth _____ (This information will be use to conduct a criminal back ground check of all applicants.)

I am interested in serving on the (please check):

- | | |
|---|--|
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Advertising & Promoting Commission | <input type="checkbox"/> Library Bd of Trustees |
| <input type="checkbox"/> Airport Commission | <input type="checkbox"/> Mechanical Bd of Adjustments and Appeals |
| <input type="checkbox"/> Arkansas Fair & Exhibition Facilities Bd | <input type="checkbox"/> Oak Cemetery Commission |
| <input type="checkbox"/> Benevolent Fund Board | <input type="checkbox"/> Outside Agency Review Panel |
| <input type="checkbox"/> Central Business Improvement District | <input type="checkbox"/> Parking Authority |
| <input type="checkbox"/> Convention Center Commission | <input type="checkbox"/> Parks & Recreation Commission |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Community Development Advisory Com. | <input type="checkbox"/> Plumbing Advisory Board |
| <input type="checkbox"/> County Equalization Board | <input type="checkbox"/> Port Authority |
| <input type="checkbox"/> Electric Code Board of Appeals & Appeals | <input type="checkbox"/> Property Owners Appeals Board |
| <input type="checkbox"/> Fire Code Board of Appeals & Adjustments | <input type="checkbox"/> Sebastian County Reg. Solid Waste Mgmt. Bd. |
| <input type="checkbox"/> Historic District Commission | <input type="checkbox"/> Sister Cities Committee |
| <input type="checkbox"/> Housing Assistance Board | <input type="checkbox"/> Transit Advisory Commission |
| | <input type="checkbox"/> Residential Housing Facilities Board |

Please return this form to Wendy Beshears, P.O. Box 1908, FSM, AR 72902