

TOWN OF INDEPENDENCE, VIRGINIA

APPLICATION FOR APPOINTMENT TO TOWN COUNCIL

The Town of Independence is accepting applications from qualified residents interested in appointment to fill a vacant seat on the Independence Town Council. Please complete this application fully. Incomplete applications may not be considered.

APPLICANT INFORMATION

Full Legal Name:

Residential Address (must be within Town limits):

Mailing Address (if different):

Phone Number: _____

Email Address: _____

Length of Residency in the Town of Independence:

ELIGIBILITY CERTIFICATION

Please initial each statement below:

_____ I am a qualified voter of the Town of Independence, Virginia.

_____ I currently reside within the corporate limits of the Town of Independence.

_____ I meet all eligibility requirements as set forth in the Town Charter and the Code of Virginia.

_____ I understand that appointment to Town Council requires compliance with Virginia conflict-of-interest and ethics laws.

EMPLOYMENT & PROFESSIONAL BACKGROUND

Current Employer:

Job Title / Occupation:

Brief Description of Duties:

CIVIC, COMMUNITY, OR GOVERNMENT EXPERIENCE

Please list any prior service on boards, commissions, committees, nonprofit organizations, or elected/appointed offices (include dates of service):

STATEMENT OF INTEREST

Please briefly respond to the following (attach additional pages if necessary):

- 1. Why are you interested in serving on the Independence Town Council?**

- 2. What skills, experience, or perspective would you bring to Town Council?**

- 3. What do you believe are the most important issues currently facing the Town of Independence?**

AVAILABILITY & COMMITMENT

Town Council meetings are typically held the 2nd Tuesday of each month, in addition to one monthly committee meeting.

Please confirm your availability:

_____ I am able to attend regular and special Town Council meetings.

_____ I am willing to serve the remainder of the unexpired term if appointed.

REFERENCES (OPTIONAL BUT ENCOURAGED)

Name: _____

Relationship: _____

Phone/Email: _____

Name: _____

Relationship: _____

Phone/Email: _____

ACKNOWLEDGMENT & SIGNATURE

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that appointment to Town Council is made by a majority vote of the Town Council at a public meeting.

Signature: _____

Date: _____

SUBMISSION INSTRUCTIONS

• Email: TownManager@Independenceva.com

• In Person or Mail:

Town of Independence
Attn: Town Manager

317 E Main Street

PO Box 99

Independence, VA 24348