



# City of Albany

## APPLICATION FOR ADVISORY BODY TO THE CITY COUNCIL

Vacancy/Advisory Body you are applying for: \_\_\_\_\_

Name: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

*(For questions below, please attach additional sheets if needed)*

1. Why do you want to serve on the Advisory Body for which you are applying?

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2. What are your qualifications for this Advisory Body and objectives if you become a member:

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3. Please list past and present community activities you have participated in:

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4. Are you applying for the high school student member seat or the adult member seat affiliated with students within the City of Albany?

Yes (Please answer Question 5 or 6 as applicable, and continue to Question 7)

No (Please continue to Question 7)

5. If you are applying for the high school student member seat, please state the school you are attending and your current grade level:

School: \_\_\_\_\_

Grade: \_\_\_\_\_

6. If you are applying for the adult member seat affiliated with students within the City of Albany, please state how you are affiliated:

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7. Is there anything else you would like to share that is not covered in this application?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*By signing, I attest that the information filled above is true and correct and I acknowledge that information submitted to the City of Albany is subject to disclosure per Public Records Act.*