



**CITY OF CHARLOTTESVILLE  
BOARDS & COMMISSION APPLICATION**

**Please type or print in dark ink. Do not write on the back. Attach an additional sheet if necessary.**

Name of Board/Commission Applying For: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

City Resident? Yes \_\_\_\_\_ (since) \_\_\_\_\_ No \_\_\_\_\_ E-mail address: \_\_\_\_\_

Previous Residence: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Children: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Schools attended, degrees, graduation dates: \_\_\_\_\_

Memberships in fraternal, business, church and/or social groups: \_\_\_\_\_

Public, civic and charitable offices and/or activities: \_\_\_\_\_

Interests aside from profession: \_\_\_\_\_

Reasons for wanting to serve on this board/commission: \_\_\_\_\_

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

**RETURN TO:**  
**Paige Barfield, Clerk of Council**  
**P.O. Box 911**  
**Charlottesville, VA 22902**  
**Phone: 434-970-3113, Fax: 434-970-3890**  
**barfieldp@charlottesville.org**