

~ City of Glen Rose Board Volunteer Application ~

All Board Members are appointed for a 2-year term.

Board you wish to apply for: _____

Full Name: _____

Physical Address: _____

Mailing Address: _____

Phone No: _____ Alternate No: _____

Email: _____

Are you a resident of the City of Glen Rose? Yes No

Are you a resident of Somervell County? Yes No

Are you an owner or operator of a tourism-related business Yes No

Are you eligible to vote in City elections? Yes No

What skills, knowledge or previous experience do you possess that will be beneficial to the board and citizens of the City?

Briefly describe why you are volunteering for this board.

The above information is true and accurate to the best of my knowledge:

Signature

Date