



DRIPPING SPRINGS  
Texas

**APPLICATION FOR APPOINTMENT TO COMMISSION/COMMITTEE/BOARD**

ONLY APPLICANTS WHO SUBMIT THIS COMPLETED FORM WILL BE CONSIDERED FOR AN APPOINTMENT. APPLICANTS MAY ATTACH A RÉSUMÉ, BUT IT WILL NOT SUBSTITUTE FOR THIS FORM. FOR QUESTIONS, PLEASE CALL CITY HALL AT (512) 858-4725, OR EMAIL THE CITY SECRETARY AT [acunningham@cityofdrippingsprings.com](mailto:acunningham@cityofdrippingsprings.com).

**PLEASE SELECT THE COMMISSION/COMMITTEE/BOARD THAT YOU ARE INTERESTED IN**

EMERGENCY MANAGEMENT COMMISSION  
HISTORIC PRESERVATION COMMISSION  
ECONOMIC DEVELOPMENT COMMITTEE  
DRIPPING SPRINGS RANCH PARK BOARD

FARMERS MARKET ASSOCIATION BOARD  
PARKS & RECREATION COMMISSION  
TRANSPORTATION COMMITTEE  
UTILITY COMMISSION

FOUNDERS DAY COMMISSION  
PLANNING & ZONING COMMISSION  
TIRZ No. 1 & No. 2 BOARD  
OTHER

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ (IF RETIRED, PLEASE INDICATE FORMER OCCUPATION)

ARE YOU A RESIDENT OF THE CITY OF DRIPPING SPRINGS?

IF NO, ARE YOU A RESIDENT OF THE CITY'S EXTRATERRITORIAL JURISDICTION (ETJ)?

HOW LONG HAVE YOU LIVED IN THE CITY OF DRIPPING SPRINGS OR THE ETJ? \_\_\_\_\_

ARE YOU CURRENTLY OR HAVE YOU EVER SERVED ON ANY CITY COMMISSION/COMMITTEE/BOARD?

IF YES, PLEASE LIST EACH ONE AND DATES OF MEMBERSHIP.

PLEASE DESCRIBE ANY QUALIFICATIONS OR EXPERTISE THAT YOU HAVE THAT RELATED DIRECTLY TO BOARD/COMMISSION/COMMITTEE YOU ARE APPLYING FOR.

**PLEASE DESCRIBE ANY CIVIC/VOLUNTEER ORGANIZATIONS OR ACTIVITIES THAT YOU ARE INVOLVED IN THE CITY OF DRIPPING SPRINGS.**

**DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK FOR THE CITY OF DRIPPING SPRINGS?**

**IF YES, PLEASE LIST THEIR NAME AND POSITION**

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**PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO KNOW WHEN CONSIDERING THIS APPLICATION:**

**STATEMENT OF INTENT**

"IF APPOINTED, I AGREE TO SERVE AT LEAST TWO YEARS ON THE COMMISSION/COMMITTEE/BOARD FOR WHICH I HAVE APPLIED. I UNDERSTAND THAT IF I SHOULD BE APPOINTED TO A COMMISSION/COMMITTEE/BOARD, I WILL BE EXPECTED TO PARTICIPATE ACTIVELY IN ALL MEETINGS, USE THE CITY'S ONLINE AGENDA PROGRAM, AND BECOME FAMILIAR WITH RELEVANT CITY ORDINANCES. I WILL PREPARE FOR MEETINGS BY REVIEWING AGENDAS AND ALL RELATED MATERIALS PRIOR TO THE START OF THE MEETING USING THE CITY'S ONLINE AGENDA PROGRAM (TRAINING WILL PROVIDED FOR BY THE CITY). I UNDERSTAND THAT I WILL BE REQUIRED TO ATTEND ONE HOUR EACH OF ONLINE TRAINING FOR THE TEXAS OPEN MEETINGS ACT AND CITY D THE TEXAS PUBLIC INFORMATION ACT WITHIN 30 DAYS OF TAKING OATH OF OFFICE. I AGREE TO ADHERE TO THE ATTENDANCE REQUIREMENTS AND TO CONTACT THE CITY SECRETARY'S OFFICE IF THERE IS ANY CHANGE IN MY INFORMATION AS SUBMITTED ON THIS APPLICATION. I WILL SUBMIT A CONFLICT OF INTEREST AFFIDAVIT AND ABSTAIN FROM ANY DISCUSSION OR VOTE ON ANY MATTER FOR WHICH I HAVE A SUBSTANTIAL PROHIBITED INTEREST. I HAVE READ, UNDERSTOOD, AND COMPLETED THIS APPLICATION TO THE BEST OF MY ABILITY."

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE SUBMIT YOUR APPLICATION TO THE CITY SECRETARY OF DRIPPING SPRINGS VIA EMAIL, POSTAL MAIL, OR DELIVER TO CITY HALL:**

CITY SECRETARY ANDREA CUNNINGHAM  
[acunningham@cityofdrippingsprings.com](mailto:acunningham@cityofdrippingsprings.com)

CITY HALL – 511 MERCER STREET, DRIPPING SPRINGS, TX 78620

MAILING ADDRESS – PO BOX 384, DRIPPING SPRINGS, TX 78620

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*FOR CITY USE*

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

APPOINTMENT

REAPPOINTMENT

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