

Board and Commission Application 525 High Street Paris KY, 40361 859-987-2110 www.paris.ky.gov

Thank you for your interest in becoming a member of a community board or commission with the City of Paris. We offer equal volunteer opportunities to all persons without regard to race, religion, age, marital, veteran status, sex, national origin, disability, or and other legally protected statuses.

(PLEASE PRINT)							
Last name	First Name	Mic	dle Initial	Maiden Name			
Address: Number Str	reet Ci	ity	State	Zip			
Phone	Email address			Driver's License #			
Emergency Contact Name			Emergency Contact Phone				
Please indicate Boards / Commissions you wish to be consider for:							

Education

	High School		ol	Trade School	College / University			Graduate / Professional					
School Name and City / State													
Years Completed	9	10	11	12	Year(s) attended	1	2	3	4	1	2	3	4

Employment and Organizations

Employer	Job Title	
Business address		Phone

List professional, trade, business, or civic activities and any offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other.

Are you over the age of 18?

Have you been convicted of a felony?

If Yes, please indicate charge, date, and county:

□ Yes □ No □ Yes □ No

Charges or Conviction will not necessarily disqualify an applicant.

AVAILABILITY (Days and times you are available)

Weekday Mornings	Weekends Only
Weekday Afternoons	
Weekday Evenings	
Any additional availability details you wis	h to share.

Applicant signature

Date