

MARICOPA CITY COUNCIL APPLICATION FORM

Thank you for your interest in volunteering for the City of Maricopa. Please fill out the following form and return it to the City Clerk by one of the following means:

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| Email - Fax - Questions Email: vanessa.bueras@maricopa-az.gov Fax: 520-568-9120 Questions?: 520-316-6971 | By Mail City Clerk City of Maricopa P.O. Box 610 Maricopa, AZ 85139 | In Person City Clerk City of Maricopa 45145 W. Madison Ave Maricopa, AZ 85139 |
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| Contact Information | | | | | |
|--|--|--|--------------------------------|--|---------------------------------|
| Name: | | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Email: | | | | | |
| Home Phone: | | Work Phone: | | Cell Phone: | |
| General Information | | | | | |
| Are you a full time Maricopa Resident? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Have you lived within the City's incorporated limits for a minimum of one year? | |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are You A Registered Voter? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Have you graduated from the City's or any City's Leadership Academy? | |
| | | | | City: _____ | Yes <input type="checkbox"/> |
| What's the highest level of education you have attained? | | <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree | | <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral or Equivalent <input type="checkbox"/> Other, please explain: _____ | |
| Have you ever served on any Boards, Committees, Commissions, Task Forces, etc. (City of Maricopa or otherwise) in the past? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list: | |
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| <p>Have you ever been involved in helping develop public policy at <u>any</u> governmental level? (This might include such activities as writing issue papers, conducting public policy research, advising policymakers, advocating for a particular change, or performing other public policy development work)</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> | <p>If yes, please list a short description:</p> | | |
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| <p>Please list any leadership roles you have had at your place of employment, through volunteer work, business or professional organizations, civic, church or other activities. List only the roles and affiliations most important to you in the PAST FIVE YEARS.</p> | | | | | |
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| <p>Have you even run for office before?</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> | <p>If selected for this position, do you plan to run as an official candidate in 2014?</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>Are you able to fully commit to the time requirement (1st & 3rd Tues eve. of each month City Council meetings, extensive pre and postreading/meeting preparation time, Strategic and Budgetary retreats, specially called meetings, numerous committee assignments, public speaking requirements, social & constituent requests for meetings, correspondence, public appearances, etc.) to be a city council member?</p> | | | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> | |
| <p>Can and <u>will</u> you work well with others, even if they do not agree with you?</p> | | | | | |
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Signature of Applicant: _____

Date: _____



