



# Town of Smyrna

## Application for Committee, Commission, or Board appointment

Please send completed applications to [vheritage@smyrna.delaware.gov](mailto:vheritage@smyrna.delaware.gov)

### Section 1 – Basic Information

Full Name: \_\_\_\_\_  
(prefix/title, last, first, middle initial, suffix/designation)

Address: \_\_\_\_\_  
(must be a resident within town limits)

Cell #: \_\_\_\_\_ Home # (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Council District:   1     2     3   (circle one)      Registered to vote:   Yes   |   No   (circle one)

Please list any elected or appointed office that you currently hold under the government of the United States, the State, County, or City: \_\_\_\_\_

\_\_\_\_\_

### Section 2 – Employment experience

Provide your professional work history, most recent to least recent

Employer/Company: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Start / End Employment Dates: \_\_\_\_\_

Brief description of duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employer/Company: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Start / End Employment Dates: \_\_\_\_\_

Brief description of duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Other Relevant Employment Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section 3 – Professional Licenses and Certificates

(Leave blank if not applicable)

License/Certificate: \_\_\_\_\_

Date issued: \_\_\_\_\_ Date expired: \_\_\_\_\_

Status (active, inactive, pending): \_\_\_\_\_

Other Relevant Professional License(s) or Certificate(s): \_\_\_\_\_

### Section 4 – Education

Provide all applicable educational background.

High School: \_\_\_\_\_

Year completed: \_\_\_\_\_

College/Institution: \_\_\_\_\_

Certificate, diploma, or degree: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Advanced/Other: \_\_\_\_\_

Institution(s): \_\_\_\_\_

Certificate, diploma, or degree: \_\_\_\_\_

Dates attended: \_\_\_\_\_

### Section 5 – Organizations/Society Memberships, Community/Volunteer Experience

List all organizations and societies of which you have been, or are currently, affiliated.

Organizational Name

Year(s) Served

Positions Held (if applicable)

---

---

---

---

---

---

---

---

---

---

**Section 6 – Social Media**

Platform Used

Username

---

---

---

---

**Section 7 – Questionnaire**

Name of the Committee, Commission, or Board which you are interested in joining:

---

---

---

Briefly explain why you wish to serve on this Committee, Commission, or Board and any specific skills or experience you have that will enhance your candidacy: \_\_\_\_\_

---

---

Do you have any potential conflicts of interest, (personal, professional or financial), that could require you to recuse yourself from fully serving a Committee, Commission, or Board for which you are applying? Conflicts include but not limited to ethical, fiscal, and/or professional affiliations, including personal businesses, that provide a direct or indirect, real or perceived conflict. If yes, please explain.

\_\_\_ no

\_\_\_ yes: \_\_\_\_\_

---

---

---

---

Have you ever been registered or served as a lobbyist, paid or unpaid, with the State of Delaware or any government organization? If yes, please list the organizations you represented.

\_\_\_ no

\_\_\_ yes, organizations: \_\_\_\_\_

---

Please list three references that are not related to you and would be able to speak to your ability to serve on this Committee, Commission, or Board.

Name	Phone # / Email	Relationship
<hr/>		
<hr/>		
<hr/>		

**Section 8 – Acknowledgments**

I acknowledge that I am in good financial standing with the Town of Smyrna, which includes being current on all taxes, utilities, and other obligations owed to the Town.

I acknowledge that applications are public documents and are subject to disclosure under the Freedom of Information Act, (FOIA), of the State of Delaware.

I acknowledge that if appointed, my personal information, (name, phone number, and address) may be available to the press and public.

I acknowledge that if appointed, I am giving my commitment to actively fulfill my assigned duties.

I certify that the information submitted in this application is true to the best of my knowledge and recognize that if any of the information included in this application is false, my application may be disqualified from consideration. If any information in this application changes during the consideration process or during my term, if appointed, I agree to submit the updated information to the Town Manager’s Office to be appended to my application as soon as possible.

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

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