



# APPLICATION FOR COMMUNITY DEVELOPMENT ADVISORY BOARD

**Return completed application to:**

City of Dothan  
Planning & Development  
P. O. Box 2128  
Dothan, AL 36302

Fax: 334-615-4419

- Please type or use black ink
- Please limit attachments to two pages
- For questions or additional information call Planning & Development, 334-615-4410
- Incomplete applications will NOT be considered for appointment

**ELIGIBILITY REQUIREMENTS**

- 1 year residency within the City of Dothan (map attached)
- Registered Voter (applies to applicants 18 years or older)

Name: \_\_\_\_\_

Residence: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you resided within the City of Dothan for one year?      Yes  No  (see attached map)

Which Commission District do you live in? (see attached map) \_\_\_\_\_

Are you a registered voter?    Yes  No

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Prior Work Experience (Please include dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Work: (Please include dates)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime (except for minor traffic offenses that resulted only in a fine)?  
Yes  No

If yes, please explain in detail. State the nature and approximate date of the conviction, the sentence imposed, whether the sentence has been completed, and any other information you consider to be relevant.

\_\_\_\_\_

Are you presently serving on another City Board or Commission?      Yes  No

If so, which one?

Why do you want to become a member of the Community Development Advisory Board?

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Briefly explain what you believe are the three most important issues facing the city and how do you believe this Board should address each issue?

1) \_\_\_\_\_

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2) \_\_\_\_\_

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3) \_\_\_\_\_

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List any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this Board?

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Please specify any activities which might create a conflict of interest if you should be appointed to this Board.

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All applicants are strongly encouraged to be committed to attend the meetings of the Board for which they are applying. The CDAB meets on the third Thursday of every month plus three additional evening meetings and site visits. Frequent nonattendance may result in termination of the appointment.

The City of Dothan will make reasonable accommodations for access to City services, programs, and activities and will make special communication arrangements for persons with disabilities. Please call 334-615-4410 for assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# DIVERSITY DATA

This survey will be separated from your application upon receipt.

**DATE OF APPLICATION:** \_\_\_\_\_

**GENDER:**

- Female
- Male

**DISABILITY:**

*(A physical or mental impairment that substantially limits one or more major life activities)*

- Yes
- No

**AGE GROUP:**

- 18 and under
- 19-25
- 26-39
- 40-64
- 65 and over

**RACE/ETHNIC DESIGNATION:** (check one)

- White (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin, regardless of race
- Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Native American/Alaskan Native All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Other (please specify) \_\_\_\_\_

**HOW DID YOU LEARN OF A VACANCY ON THIS BOARD?**

- Dothan Eagle
- Internet
- Television
- Personal contact from a City Commissioner
- Personal contact from City staff member
- Personal contact from a board member
- Word of mouth
- Other (Please specify) \_\_\_\_\_ -

**HAVE YOU EVER SERVED ON A CITY OF DOTHAN BOARD OR COMMISSION?**

- Yes
- No

**PLEASE SPECIFY YOUR WORKING STATUS:**

- Employed
- Unemployed
- Retired
- Student
- Other (please specify) \_\_\_\_\_

