



COMMUNITY DEVELOPMENT ADVISORY COMMITTEE APPLICATION

Return completed application to:

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

Fax: 334-615-4419
kmierkowsk@dothan.org

- 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
- 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

Which Commissioner District do you live in? _____

Are you a registered voter? Yes No

Current Occupation: _____ Employer: _____

Prior Work Experience (Please include dates) _____

Volunteer Work: (Please include dates)

Are you presently serving on a City Board, Committee, or Commission? Yes No

If so, which one?

Why do you want to become a member of this committee?

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

1) _____

2) _____

3) _____

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

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

All applicants are required to attend the meetings of the Committee for which they are applying. 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 334-615-4417 for assistance.

Signature

Date

DIVERSITY DATA

This survey will be separated from your application upon receipt and will be used by the Equal Employment Opportunity Officer to evaluate the recruitment for this Committee.

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) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black (not of Hispanic origin) A person having origins in any of the Black racial groups of Africa.
- Hispanic A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native American/Alaskan A person having origins in any of the original peoples of North America, (including Central America) and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Other (please specify) _____

HAVE YOU EVER SERVED ON A CITY OF DOTHAN BOARD, COMMITTEE, OR COMMISSION:

- Yes
- No

PLEASE SPECIFY YOUR WORKING STATUS:

- Employed
- Unemployed
- Retired
- Student
- Other (please specify) _____