



City of District Heights, Maryland Application For Appointment to a City Advisory Board or Committee

Name _____ Preferred Pronouns _____

Address _____ Ward I or Ward II _____

Phone _____ Email (PRINT CLEARLY) _____

Which City committee are you interested in?	New Appointment or Reappointment?

1. Why do you want to serve on this board?
2. Do you currently serve on any other committee? If so, please list:
3. Please tell the Mayor and Commission about yourself. If applicable, include your occupation, qualifications, educational and/or professional background:
4. If applicable, please describe other ways that you are involved in the community:
5. Do you have any additional Information or comments?
6. Advisory boards typically meet on weeknights (Monday – Thursday evenings). Please list any conflicts in your schedule that would prevent you from attending a meeting on a certain night:
7. The Mayor and Commission are committed to achieving membership on our advisory boards that reflect the diversity of our community. Please check the box that most closely matches the race with which you identify:

Asian Black/African-American Latino/Latina/Latinx Two or more races

White Other (Please specify): _____

Date _____ Signature _____