



# APPLICATION FOR CONSIDERATION OF APPOINTMENT BY THE CLAY COUNTY BOARD OF COMMISSIONERS

This application is intended for use by the residents of Clay County who would like to serve on a volunteer basis on various commissions, councils, authorities or boards where members are appointed by the County Commission. After completing this form you may submit it by one of the following methods: Via USPS mail to: Clay County Board of Commissioners, c/o County Administrator, P O Box 519, Fort Gaines, GA 39851; submit this form via email or print and fax to 229.768.3672. If you have any questions, please feel free to call at 229.768.3238.

1. Board, Authority or Commission on which you would like to serve.

\_\_\_\_\_

2. Name: \_\_\_\_\_  
Last First Middle

3. Resident Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
P.O. Box  
\_\_\_\_\_  
City State Zip

4. Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Are you registered to vote in Clay County? Yes:  No:

Commission Voting District #: \_\_\_\_\_ (1, 2, 3, 4 or 5)

7. Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

8. What professional or community experience do you have that you believe will assist you in this appointment?

Dates Served:

From: To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What is your highest level of completed education? (High School Graduate, Associate Degree, College, Technical School, other, etc.)

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10. What appointed, elected or paid positions do you currently hold or have held in the past with Clay County?

Dates Served:

From:

To:

	From:	To:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. What would be your biggest contribution if appointed to this position?

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12. Other comments or information:

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13. I understand that as vacancies occur, my application may be considered. I further understand I will be contacted to confirm my desire and/or availability to serve in the vacant position. If appointed, I will be informed of my responsibilities and commitments.

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

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

*Thank you for taking the time to submit your application to Clay County.*