



TOWN OF NASHVILLE
ADVISORY BOARD APPLICATION

Name:	
Home Address:	
Length of residency in Nashville:	
Previous Address:	
Home Telephone:	
Business Telephone:	
Cell Telephone:	
E-mail Address:	

Please indicate which Board you would like to volunteer service to:

- Library Advisory Board
- Parks and Recreation Advisory Board
- Planning Board
- Board of Adjustment

Employment History (Please list most recent employment first)

Name of Company	City/State	Occupation	Dates of Service

Have you ever served on an Advisory Board in Nashville? Yes or No (circle)

Have you ever served on a Board in another community? Yes or No (circle)

If yes, please list:

Please list other volunteer experience (Name of organization & position)

Please explain briefly your reason for applying for an appointment to this particular Advisory Board:

By signing, I hereby give my permission to the Town of Nashville to conduct an investigation of my background, references, character, past employment, consumer reports and criminal history information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for appointment.

I hereby consent to the Town of Nashville's verifying all the information I have provided on my application form. I also agree to execute as a condition of appointment or a condition of continued appointment any additional written authorization necessary for the Town of Nashville to obtain access to and copies of records pertaining to this information. I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Town of Nashville with information it may request pursuant to this release. I understand any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of this application or for my immediate revocation of appointment should such falsifications or misrepresentations be discovered after I am appointed.

Applicant's Signature: _____

Date: _____