



# southburlington

VERMONT

Volunteer excellence to serve our community.

180 Market Street, South Burlington, VT 05403

802-846-4107

[www.southburlingtonvt.gov](http://www.southburlingtonvt.gov)

## Committee Application Form Summer 2024

Please complete this form if you are interested in serving on or being reappointed to a city policy-advising Committee. To be considered, the City Manager's office must receive a completed form and you must interview with the City Council. Once scheduled, we will share the date and time of the Council meetings interview process with you. Please type or print legibly below.

**Full Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Years of Service:** \_\_\_\_\_

**Policy Advising Committee you are applying or reapplying for:**

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

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

**1. Please tell us about your interest in serving in this capacity. List qualifications which may be beneficial to this position. (Use space below or attach additional sheet.)**

**2. Our [City Plan 2024](#) includes the following four key principles:**

- ❖ **Climate-Resilient.** Prioritize mitigating climate change impacts and reducing greenhouse gas emissions.
- ❖ **Inclusive, Fair, and Just.** Be equity-oriented, transparent, equitable, and fiscally responsible in governance.
- ❖ **People-Oriented, Thoughtful, and Sustainable Built Environment.** Invest in a welcoming and walkable built environment, thriving neighborhoods, and a vibrant, pedestrian-oriented City Center.
- ❖ **Collaborative and Engaged.** Be a leader and collaborator in the regional and statewide community.

**Please describe how you envision serving within these principles.**

**The Council is interested in ensuring that the composition of our committees reflects the demographics of our community. Please consider sharing the information below with us. These questions are optional.**

Do you rent or own your home? \_\_\_\_\_

What neighborhood do you live in? \_\_\_\_\_

Is there other information about your lived experience that you would like to share?

By signing here, you acknowledge that all information provided is accurate and complete to the best of your knowledge. You understand the City Council has the authority to remove members appointed by them in accordance with the City Charter and Vermont State Statutes, as applicable, for any misrepresentation made on this application.

**Sign here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City Manager's Use Only**

---

Notified by (phone, e-mail, etc) \_\_\_\_\_ to attend Council meeting on \_\_\_/\_\_\_/\_\_\_ (date)

Notification by (staff) \_\_\_\_\_

Term of appointment (to-from) \_\_\_\_\_

Voter registration verified by (staff person) \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

**For incumbents**—attendance during the past year (provide numerical information) \_\_\_\_\_