



**CITY OF FRUITA
CITY COUNCIL
MEMBERSHIP APPLICATION**

NAME: _____

MAILING ADDRESS: _____

City State Zip

RESIDENCE ADDRESS: _____

PHONE NUMBERS: _____

Home Work/Cell

E-MAIL ADDRESS: _____

How long have you been a resident of Fruita? _____

Occupation/Employer: _____

Volunteer and/or work experience:

1. Are you presently serving on a board or commission? If so, which one(s)?
2. Why do you want to be a member of the City Council?
3. List any abilities, skills, or interests which are applicable to the board or commission for which you are applying.

City of Fruita
City Council Application
Page 2

4. Are you committed to attending meetings? _____
5. Are you committed to serving an entire term? _____
6. Please specify any activities which might create serious conflict of interest if you should be appointed to a particular board or commission. (If unsure, please call the City Manager's office at 858-3663)

7. List any licenses, certificates or other specialized training applicable to the board or commission for which you are applying.

8. Additional information or references you believe may be helpful in considering your application.

Signature _____ Date _____

All applicants are strongly encouraged to attend a regularly scheduled meeting of the board or commission for which they are applying. Frequent non-attendance may result in termination of the appointment.

ATTACHMENTS TO APPLICATION MUST BE LIMITED TO TWO PAGES

Please feel free to submit a resume along with this application. Application and any attachments should be returned to the Fruita City Council c/o Deputy City Clerk, 325 E. Aspen, Fruita, CO 81521 or dwoods@fruita.org.