



2021 Application for Mayoral Appointment to Boards and Commissions

Please attach your resume to this application.

Name: _____

Phone (circle: work/home/cell): _____

Address: _____ Zip Code: _____

Email address: _____

Subdivision or Ward: _____ Occupation: _____

- I am currently a resident of the City of Gahanna and have been a resident continuously for _____ years. _____
- I am a registered voter. _____
- I understand the Powers and Duties of the Board/Commission for which I am applying, the responsibilities of its members, and the time commitment that will be required of me. _____
- I am not an employee or contractor employed by the City of Gahanna. _____
- I currently serve or have served on one or more Boards or Commissions in the City of Gahanna.
____Yes ____No
 - If yes, list all boards/commissions for which you have served or are currently serving, and the period(s) of service: _____

- Do you foresee any personal conflicts of interest for which you would need to recuse yourself?
____Yes ____No If yes, please describe: _____

- Are you comfortable receiving reports and maps in a digital format? ____Yes ____No

NOTE: Persons are not eligible to apply or continue to serve if today, or at any time during their appointment, they or a family member has any financial interest in any contract with the City of Gahanna.

List the Board(s) or Commission(s) for which you are applying (limit of three):

1) _____ 2) _____ 3) _____

1. Why are you interested in serving on these particular boards/commissions?

2. List your professional qualifications and experience, as well as any other special knowledge, education, experience or interest that will contribute to the role of the board/commission for which you are applying.

3. List your community involvement and participation in organizations.

4. At times, you may be asked to make decisions which may not please particular affected neighborhoods or residents. How do you balance appeasing interest groups and the long-range best interests of all the residents of the City?

5. Please list two references, their relationship to you, and their phone numbers (or email). (Not needed if applying for reappointment.)

Signature: _____ Date: _____

Please note that this document and any attachments are subject to public inspection under the State of Ohio Public Records Act.