



TOWN OF TUSAYAN

Citizen Committee Application Form

DATE _____

Town Board or Committee in which interested?

Name _____ Phone _____

Address _____

Email _____

Occupation/Employer _____

1. Please explain why you would like to serve on the Board or Committee: (If additional space is needed, please use the back of this form.)

2. What skills, specific experience, training, or interests which you have that you feel would be useful in the work of this Board or Committee?

3. How much time would you be willing to commit to the work of the Committee, including meetings?

Signature _____

I hereby certify that the information contained on this application form is accurate.

Pursuant to A.R.S. § 9-495, for questions, the Town Manager can be contacted at:

Town of Tusayan, PO Box 709, Tusayan, AZ 86023 * 928.638.9909 * tusayantownmanager@tusayan-az.gov

TOWN OF TUSAYAN
SUPPLEMENTAL INFORMATION FOR EMPLOYMENT,
VOLUNTEER, AND BOARD APPLICATIONS



Date _____

1. Are you currently employed? _____

If yes, please describe your position and include all current employment information including dates of employment. It is important to include all current employment endeavors including part-time and self-employment.

Name of employer / employment _____

Contact Person _____

Address of employer / employment _____

Phone Number for employer / employment _____

Email for employer / employment _____

Additional employer / employment

Name of employer / employment _____

Contact Person _____

Address of employer / employment _____

Phone Number for employer / employment _____

Email for employer / employment _____

Please use another page to list additional employment opportunities.

2. Please list all current volunteer positions that you hold.

Name of organization for which you volunteer _____

Contact Person _____

Address of organization _____

Phone Number for organization

Email for organization

Other organization for which you volunteer
Name of organization for which you volunteer

Contact Person _____
Address of organization _____

Phone Number for organization

Email for organization
