CITY OF JENNINGS

SENIOR CITIZENS' COMMISSION VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: _____ Telephone: _____

Address: _____ Email: _____ Ward #: _____

How long have you lived in Jennings? _____ Term Desired: (Circle One) 2Yrs 3Yrs 4Yrs

Of which racial/ethnic group do you consider yourself a member? (optional)

☐ WHITE ☐ BLACK ☐ HISPANIC ☐ ASIAN/PACIFIC ISLANDER

☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ OTHER

Are you a registered voter at the above address? Yes No

Are you a member of any Jennings Community Organizations? Yes No

If so, please list the organizations: _____

_____

Why are you interested in this commission? _____

_____

_____

_____

What is your 6 month vision for this commission? _____

_____

What is your 12 month vision for this commission? _____

_____

Are you available for commission meetings on weekdays? Yes No

Are you available on evenings during the week? Yes No

Are you willing to serve as an officer or a volunteer worker? Yes No

Signature: _____ Date: _____

Please return application to Jennings City Hall.

Please keep in mind that your attendance is very important for commission meetings. Much planning goes into each meeting. If the meeting must be cancelled due to a lack of a quorum, the city employees and other commission members involved must all rearrange their schedules.