



ID# _____

ADVISORY BOARD APPLICATION

Please type or print in black ink (Revised July 2019)

TOMPKINS COUNTY LEGISLATURE
Governor Daniel D. Tompkins Building
121 E Court Street, Ithaca NY 14850
www.tompkinscountynv.gov/legislature
607-274-5434/607-274-5430 (fax)

Name of advisory group

Name of seat

If you are interested in serving as a member of an advisory group please complete this form; attach additional sheets if necessary. You may be called for an interview and you may wish to attend a meeting of the advisory group if you have not yet done so. Please contact the Legislature Office at (607) 274-5434 or by e-mail: legislature@tompkins-co.org if you have any questions.

Name _____ Date of application _____

Address (residence) _____

Telephone (home) _____ (work) _____ (mobile) _____ (fax) _____
Street City Zip Code

E-mail address _____ Length of residence in Tompkins County _____

**If not a T.C. resident, please stop here and contact the Legislature Office*

Occupation, experience, community affiliations _____

Education _____

schools (degrees) and specialties

Explain why you are you interested in this position or what strengths would you bring to this position? _____

Diversity Factors (voluntary)

Please list any characteristics about yourself or relevant experience around diversity and inclusion that may enhance the County's efforts to appoint people of diverse backgrounds to its Advisory Boards.

Recommended by _____

If organization or municipality, include name of entity, contact person, and telephone number; if another individual(s), give name(s) and telephone number(s).

References: (1) _____
name, address, and telephone number

(2) _____
name, address, and telephone number

Office use only

Type of appointment: *new or reappointment* [Replacing: (if new) _____] Term expiration date _____

Seat Title (area or constituency represented): _____

Municipal Recommendation on File Nominating Committee Recommendation Received

Copied to Comm.: _____ Legislative Committee recommendation _____ Date _____

Legislature appointment date _____ Appointment letter mailed date _____