

ADVISORY BOARD NAME: Board of Adjustment

In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. *Please note that candidates who do not meet any of these qualities are still eligible for appointment.* Please communicate any urgent needs and priorities for Advisory Board composition to your

To Board Chairs: Please summarize applications as received; contact each applicant for any update one year after last contact; when positions are open, invite each applicant to attend a board meeting prior to making a recommendation.

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Board of Aldermen Liaison.

☐ Gender diversity

☐ Racial or ethnic diversity

☐ Age range diversity

☐ Neighborhood/geographic diversity

☒ Occupation, experience or special skills

☒ Previous public service or community involvement

☐ Other: _____

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Name: _____

Date of application/last contact: _____

Summary of qualifications:

Advisory Board Chair reconfirmed applicant's interest in serving by phone or e-mail.

____ Yes ____ No (Briefly
explain: _____)

Applicant attended Advisory Board meeting prior to BOA review.

____ Yes (Date: _____) ____ No (Briefly
explain: _____)

Applicant has demonstrated a clear understanding of the time commitment, roles and responsibilities of serving on the Advisory Board.

____ Yes ____ No
Briefly explain:

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