



# Bexar County Commissioners Court SECTION 1

## Application Form (<http://www.bexar.org>)

NOTE: The information you provide on this form is open to the public.

While you may attach a resume, please type or print the following information.

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Indicate the Board or Commission for which you wish to be considered: \_\_\_\_\_

**PERSONAL DATA:** Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home E-mail address: \_\_\_\_\_ Work E-mail address: \_\_\_\_\_

Commissioners Court Precinct: \_\_\_\_\_ Years of Residence in Bexar County: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Voter Registration Card #: \_\_\_\_\_

**EDUCATION LEVEL:** Please check all that apply and list schools attended:

High School/GED \_\_\_\_\_ School: \_\_\_\_\_

College/University degree attained \_\_\_\_\_ College/University \_\_\_\_\_

Other: \_\_\_\_\_

Describe any training, experience, qualifications, special interests or expertise that you wish to call to the attention of Bexar County Commissioners Court regarding your ability, desire or qualifications to serve on this board or commission.

List any volunteer activities/community service in which you have participated, including involvement on boards, commissions or organizations currently or in the past, and any offices held.

Recognizing that Boards and Commissions are often demanding on one's time and schedule, are you committed to attending the regularly scheduled meetings of the board or commission?

\_\_\_\_\_ Yes \_\_\_\_\_ No

How many hours can you commit to devoting to service on this board or commission each month? \_\_\_\_\_

## SECTION 2

Briefly state your personal philosophy on public service.

Should you be appointed by the Commissioners Court to serve on this board or commission, what do you see as your primary responsibility, and why do you wish to serve in this capacity?

Should you be appointed by the Commissioners Court to serve on this board or commission, when would you feel that communication with Commissioners Court would be necessary regarding board or commission issues?

Rules of law and ethics prohibit members from participating in and voting on matters in which they may have a direct or indirect financial interest. Are you aware of any potential conflicts of interest, which may develop from your occupation or financial holding in relation to your responsibilities as a member of the board or commission? If yes, please indicate any potential conflicts.

Please return this form and all attachments to: **Bexar County Commissioners Court  
Boards and Commissions Appointments  
101 W. Nueva, Suite 901  
Paul Elizondo Tower  
San Antonio, Texas 78204  
210.335.0180 Telephone / 210.335.0586 Facsimile**

I understand an appointment is at the will of Commissioners Court and I may be terminated for cause at any time.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3

This section of the application is **ONLY** for  
**CENTER FOR HEALTH CARE SERVICES APPLICANTS.**  
**PLEASE NOTE THAT THIS STATEMENT MUST BE NOTARIZED BY A LICENSED NOTARY.**

Are you or a member of your family a consumer of the types of services the Center provides? Please describe the nature of these services.

STATE OF TEXAS  
COUNTY OF BEXAR

Before me the undersigned authority personally appeared \_\_\_\_\_ (print name)  
and upon (his) (her) oath deposes and states as follows:

I am a qualified voter who has resided in Bexar County, Texas for at least one year prior to the selection date and neither myself nor my spouse:

- a. owns or controls, directly or indirectly, more than a 10 percent interest in a business entity or other organization receiving funds from the Center by contract or other method; or
- b. uses or receives a substantial amount of tangible goods or funds from the Center, other than: compensation or reimbursement authorized by law for Board membership, attendance, or expenses; or as a consumer or as a family member of a client or patient receiving services from the Center.

\_\_\_\_\_(Signature of applicant)

Subscribed and sworn to before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.