



Bexar County Commissioners Court SECTION 1

Application Form (<http://www.co.bexar.tx.us>)

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.

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
100 Dolorosa, Room 1.20
San Antonio, Texas 78205
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__.