



CITY OF TOMBSTONE
P.O. BOX 339, TOMBSTONE, AZ 85638
(520) 457-2202

APPLICATION FOR EVENTS COMMITTEE

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital status, sexual orientation, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Please print or type. The application must be fully completed to be considered. Please complete each section even if you attach a resume.

POSITION

Date of Application: _____

Some commissions require the commissioner to be a registered voter. Are you registered to vote as a resident of the City of Tombstone? Yes ☐ No ☐

PERSONAL INFORMATION

_____ Last Name _____ First Name _____ Middle Name

Physical Address: _____
_____ City _____ State _____ Zip

Mailing Address: _____
_____ City _____ State _____ Zip

_____ Email Address _____ Mobile Number _____ Home or Business Number

In answering the following questions, if more space is required, please attach a separate sheet of paper.

1. Why are you interested in serving on the City of Tombstone Events Committee?

2. Do you live, own a business, or regularly work/volunteer in the City of Tombstone? If so where?

3. Have you previously participated in or volunteered for events in Tombstone? If Yes, please explain.

4. What skills, perspectives, or connection would you bring to this committee and could help attract and support events in Tombstone?

5. Are you able to attend regular committee meetings and occasional special sessions? ☐Yes ☐No

6. Do you currently serve on any other City of Tombstone boards, commissions, or committees?
☐Yes (Please specify) ☐No

7. Do you have any potential conflicts of interests (financial or organizations) that the City should be aware of? ☐Yes (Please specify) ☐No

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of my appointment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that, I am required to abide by all rules and regulations of the board/commission and the City of Tombstone.

Signature

Date

City Hall Use Only

Received at City Hall:

Reviewed by City Clerk: _____

Reviewed by Mayor: _____

Commission Board met on: _____ and ☐Recommends ☐Does not Recommend

Common Council met on: _____ ☐Appointed ☐Not Appointed