



Clerk of Commission

Commission, Authorities, & Boards Talent Bank Application

Title	Dr.		
First Name *	Angela		
Middle Name *	Overstreet		
Last Name *	Wright		
Suffix			
Date Of Birth *	5/25/1968		
Address *	Street Address 3232 Ramsgate Road		
	Address Line 2		
	City Augusta	State / Province / Region GA	
	Postal / Zip Code 30909	Country United States	
Home Phone *	7067376086		
Work Phone	7067994659		
Registered Voter *	☐ District 1 ☐ District 3 ☐ District 5 ☒ District 7 ☐ None ☐ District 2 ☐ District 4 ☐ District 6 ☐ District 8		
Marital Status *	Married		
Education *	Doctorate		
Race *	Black		
Gender *	Female		
Occupation *	Physician		

Interests

Commissions, Authorities, & Boards

Volunteer For *	Richmond County Board of Health
	Click add below to apply for more than one board.

*

I currently have relatives working for the City of Augusta

☐ Yes

☒ No

*

I currently server on an Augusta Board, Commission, or Authority

☐ Yes

☒ No

I would like to receive an email confirmation of my submission.

☒ Yes

☐ No

Email

awright908@gmail.com