

TALENT BANK INFORMATION QUESTIONNAIRE

To be completed by persons desiring to volunteer their services on the _____

Authority, Board or _____

Commission for Augusta, Georgia.

NOTE: Any information entered on this questionnaire would become public information upon your submission/appointment.

Email Address billmills84@gmail.com

Date 4/10/19

Name William Mills

Home Phone _____

Cell # 706-564-7625

Bus Phone (706) 922-0493

2.

Home

Address 807 Champions Pine Rch. Ga. 30909

Street

County

State

Zip

3.

Date of Birth

3/26/53

Sex:

Male ☒

Female ☐

4.

Registered Voter:

Yes ☒

No ☐

5.

Voting

District

5

6.

Marital Status: Single ☒

Married ☐

Separated ☐

Engaged ☐

Divorced ☒

7.

Education:

High

School

Lucy C. Laney

College

Tanner / Koma Linda University

8.

Relatives working for the City or County:

DR. Bobby Williams

9.

Occupation:

Dist 5 Comm.

10.

Race: White ☐

African-American ☒

Asian ☐

1.