

## BOARD/COMMISSION/COMMITTEE VOLUNTEER INFORMATION SHEET

1.Contact Information:		
Name: Ginger Trampus		
Home Address: 111 Arrington (Street) Mt Vernon, Tx (City, State, Zip Code)	St 75457	
Contact Phone: 903 380 90	30	
E-Mail: Ginger. Trampus Dy	ahou com	
2.Board Selection. Please limit your preferences i	to two (2) boards.	
Animal Shelter Project Committee Housing Committee Main Street Board Construction Board of Appeals	] Health and Safety ( ] Marketing Commit ] Landmark Commis ] EDC Board	tee
<b>3.Background Information</b> a. Number of years you have lived in Mt. Vernon?	20 yrs	<i>-:</i>
b. Voter Registration Number: (optional)	=	×
c. Civic-Volunteer/Organizations/Activities		
BOARD/COMMISSION/ORGANIZATION	FROM	TO
Key Club	2014	2016
Community Events Committee	2016	Present
Chamber Board	2023	Present



PLEASE DESCRIBE ANY QUALIFICATIONS OR EXPERTISE THAT RELATE TO YOUR INTEREST IN SERVING. HOW DOES YOUR EDUCATIONAL BACKGROUND, WORK EXPERIENCE, OR OTHER LIFE EXPERIENCES QUALIFY YOU TO CONTRIBUTE TO THE BOARD?

THE BOARD?  I have helped organize events on the
current organization I serve on for almost
10yrs. My work requires me to help organize
PLEASE TELL US WHY YOU WISH TO SERVE ON THIS BOARD/COMMITTEE?  The past year the CEC of MV that I
serve on has been working along side
main Street on several events.
PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO SHARE WITH US ABOUT YOURSELF:
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DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK FOR THE CITY?   YES
IF YES, PLEASE LIST THEIR NAME AND POSITION:

IS THERE ANY WAY THAT YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY WOULD STAND TO BENEFIT FINANCIALLY BY YOUR SERVICE ON THIS BOARD? 

Yes No



STATEMENT OF INTENT: "IF APPOINTED, I AGREE TO SERVE AT LEAST TWO (2) YEARS ON THE BOARD FOR WHICH I HAVE APPLIED. I UNDERSTAND THAT IF I SHOULD BE APPOINTED TO A BOARD, I WILL BE EXPECTED TO PARTICIPATE ACTIVELY IN ALL MEETINGS. I WILL PREPARE FOR MEETINGS BY REVIEWING AGENDAS AND ALL RELATED MATERIALS PRIOR TO THE START OF THE MEETING. I UNDERSTAND THAT STATE LAW REQUIRES I UNDERGO TWO HOURS OF TRAINING CONCERNING THE OPEN MEETINGS ACT AND PUBLIC INFORMATION ACT WITHIN 90 DAYS OF MY APPOINTMENT. I AGREE TO ADHERE TO THE ATTENDANCE REQUIREMENTS AND TO CONTACT THE CITY SECRETARY'S OFFICE IF THERE IS ANY CHANGE IN MY INFORMATION AS SUBMITTED ON THIS APPLICATION. I WILL SUBMIT A CONFICT OF INTEREST AFFIDAVIT AND ABSTAIN FROM ANY DISCUSSION OR VOTE ON ANY MATTER THAT COMES BEFORE ME IN WHICH I HAVE A SUBSTANTIAL PROHIBITED INTEREST. I HEREBY AFFIRM THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE."

I understand that if I am appointed to a board, I will be expected to participate actively and attend all meetings as necessary. Three consecutive absences or the absence of a member from more than 25% of the meetings in any six-month period shall cause review of the attendance record If I am unable to serve, I will notify my Staff Liaison.

Signature

Date

10-19-24

NOTE: This application will remain on file for one year.