

BOARD/COMMISSION/COMMITTEE VOLUNTEER INFORMATION SHEET

I.Contact Information:	
Name: Lauren Herman	
Home Address: 104 Deer Cove Rd (Street) Scrocius, TX 7548 (City, State, Zip Code)	
Contact Phone: 505-239-8526	
E-Mail: therman 1948 Ogmail.com	
2.Board Selection. Please limit your preferences to two (2) boards. [] Animal Shelter Project Committee	ee
3.Background Information a. Number of years you have lived in Mt. Vernon? 7 400000000000000000000000000000000000	•
c. Civic-Volunteer/Organizations/Activities	
BOARD/COMMISSION/ORGANIZATION FROM	ТО
Historical Society	current
Historical Society Lunches of Love	Current



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



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 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

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