

BOARD/COMMISSION/COMMITTEE VOLUNTEER INFORMATION SHEET

1.Contact Information:
Name: Ronnie Davis
Home Address: 7/3 Main St. W. (Street)
(Street) Mt. Velnon, 7X 75457 (City, State, Zip Code)
Contact Phone: 214-325-3623
E-Mail: Ronnie @ bigdawg sports.shop
2.Board Selection. Please limit your preferences to two (2) boards.
Animal Shelter Project Committee Housing Committee Marketing Committee Landmark Commission Construction Board of Appeals EDC Board
3.Background Information a. Number of years you have lived in Mt. Vernon? 2.5 years.
b. Voter Registration Number: (optional)
c. Civic-Volunteer/Organizations/Activities
BOARD/COMMISSION/ORGANIZATION FROM TO
Nt. Viernon Cares Mry 2022 weent



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?

- 30 xes in ordersimal + cally sports
- work w high level convenient + met. among min
- 30 yes in professional + cally sports - work w/ high level cognymen + net. companie owned serval leasings
PLEASE TELL US WHY YOU WISH TO SERVE ON THIS BOARD/COMMITTEE?
Better the comment, of MV to make assime
changes for growth
PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO
SHARE WITH US ABOUT YOURSELF:
Samily time here want to make a rest
family the here; want to make a plat place for eur family and pandkids to enjoy + lone as much as we do.
enous + love as much as my do
DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK FOR THE CITY? YES NO
IF YES, PLEASE LIST THEIR NAME AND POSITION:
The state of the s

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 X 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

1/5/2024

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