



BOARD/COMMISSION/COMMITTEE VOLUNTEER INFORMATION SHEET

1. Contact Information:

Name: Julia Muñoz

Home Address: 884 SW CR 3070  
(Street) Mount Vernon, TX 75457  
(City, State, Zip Code)

Contact Phone: 903-285-2269

E-Mail: juliamunoz85@gmail.com

2. Board Selection. Please limit your preferences to two (2) boards.

- |   |  |
|---|--|
| <input type="checkbox"/> Animal Shelter Project Committee | <input type="checkbox"/> Health and Safety Committee |
| <input type="checkbox"/> Housing Committee                | <input type="checkbox"/> Marketing Committee         |
| <input type="checkbox"/> Main Street Board                | <input type="checkbox"/> Landmark Commission         |
| <input type="checkbox"/> Construction Board of Appeals    | <input checked="" type="checkbox"/> EDC Board        |
| <input type="checkbox"/> _____                            | <input type="checkbox"/> _____                       |

3. Background Information

a. Number of years you have lived in Mt. Vernon? 1 year

b. Voter Registration Number: (optional) \_\_\_\_\_

c. Civic-Volunteer/Organizations/Activities

BOARD/COMMISSION/ORGANIZATION	FROM	TO
<u>Franklin County Chamber</u>	<u>January 2016</u>	<u>present</u>
_____	_____	_____
_____	_____	_____

City of Mount Vernon

109 N. Kaufman \* P.O. Box 597 \* Mount Vernon, TX 75457 \* 903 537 2252 \* FAX 903 537 2634

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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?

I have been employed with Guaranty Bank for 16 years now and have seen the different economic impacts affecting our individuals and businesses. Since I work with mortgages, I see the need for housing (affordable housing) that Franklin County residents aim to achieve.

PLEASE TELL US WHY YOU WISH TO SERVE ON THIS BOARD/COMMITTEE?

I believe I can bring a different perspective to the needs of Franklin County.

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO SHARE WITH US ABOUT YOURSELF:

Empty lines for additional information.

DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK FOR THE CITY?  YES  NO

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 CONFLICT 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

10/20/2021  
\_\_\_\_\_  
Date

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

*City of Mount Vernon*

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