City of Rockville
Boards and Commissions
Expression of Interest (EOI)
Volunteer Application

If you need this form in another format, please contact our ADA (Americans with Disabilities) Coordinator, at 240-314-8108,email ada@rockvillemd.gov, TTY-240-314-8137 or Relay 711. The City welcomes requests for reasonable modifications for persons with disabilities who wish to serve on or attend Boards, Commissions or Task Force meetings.

Date: _____

Board or Commission *(One EOI per Board or Commission Interest)*:_____

Name :_____

(For staff use only) **Address:**_____

Apt.#_____**Zip:**_____

Home Phone: (___)_____**Email:** _____

Work Phone: (____)_____**Cell Phone: (____)**_____

Summary of Work/Volunteer Experience (please attach resume): _____

_____

Education/Training:_____

Volunteer Activities:_____

Professional Affiliations/Memberships: _____

_____

Interest in serving on this Board or Commission:_____

_____

(Optional information is solely to measure diversity in representation)

Age:_____ **Race/Ethnicity:**_____**Gender Identity:**_____

Are you a Veteran?:_____**Do you have a disability?:**_____

Please attach an updated resume or additional information (Optional).

Please indicate **[ ] yes** or **[ ] no** whether or not the City may disclose this Expression of Interest Form and any accompanying resume orother information that you provide to the public. Your address and phone number(s) will not be included. Please indicate **[ ] yes** or **[ ] no**whether or not the City may give elected officials who serve Rockville (other than the Mayor and Council) your name and address. This information will not be used for any fundraising or campaign mailings. No phone numbers will be given.

Applicants must live in the City of Rockville Corporate Boundaries. Please click on this link: https://rockvillemd.maps.arcgis.com/apps/webappviewer/index.html?id=0aa9fe18b6c64b46a61230da64a2b2fd to verify that your address is within the Corporate City limits.

By submitting this Expression of Interest form and any accompanying resume or other information, you agree to the release of thisinformation to the Mayor and Council, to the Board or Commission to which you are applying and to its staff liaison.

_____
Signature

Please return completed and signed form to: CityClerk@rockvillemd.gov or mail to: City of Rockville Mayor and Council
City Clerk/Director of Council Operations
111 Maryland Avenue
Rockville, MD 20850