City of Rockville
Boards and Commissions
Reappointment Expression of Interest Form for Youth

(For members seeking reappointment to a City of Rockville Board or Commission)

If you need this form in another format, please contact the City Manager's office at 240-314-8100, email cmo@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 *(Circle all that applies)***:**

Youth Commission **Community Policing Advisory Board** **Education Commission**

Applicant Full Name:_____ **Preferred Name/Nickname:**_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____ **Apt.** ____

Applicant's Cell Phone: (___)_____ **Applicant's Email:** _____

Grade: _____ **Race/Ethnicity:** _____ **Preferred Pronouns:**_____**Do you have a disability?**_____
*(*Optional information is solely to measure diversity in representation*)*

Parent/Guardian 1: (____)_____**Cell Phone: (____)**_____

Parent/Guardian 2: (____)_____**Cell Phone: (____)**_____

Why do you wish to be considered for reappointment by the Mayor and Council?

_____

_____

What other information should be considered for your reappointment? (Examples: Ways in which you have personally contributed to the work of the Board or Commission; leadership roles you have held such as chair, head of a committee or task force)

_____

_____

You may, but are not required to 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 or other 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 or attend a school 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 the 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 this information to the Mayor and Council, to the Board or Commission to which you are applying, and to its staff liaison.

Applicant's Name	Applicant's Signature	Date
Parent/Guardian Name	Parent/Guardian Signature	Date

Must be signed by parent/guardian for persons under 18 years old

Please return the 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