



City Clerk  
 401 California Avenue  
 Boulder City, NV 89005  
 Phone: (702) 293-9208 FAX: (702) 293-9245  
[www.bcnv.org](http://www.bcnv.org)

# City of Boulder City

## Volunteer Data Sheet

*Committees and Commissions*

\_\_\_\_\_  
 Last Name First Name Middle Initial

-

\_\_\_\_\_  
 Address City State Zip Code

( ) - ( ) -  
 Home Phone Cell Phone

\_\_\_\_\_  
 Email Address

Level of Education: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Related Experience and Qualifications: \_\_\_\_\_

\_\_\_\_\_  
 Community Activities: \_\_\_\_\_

\_\_\_\_\_  
 Briefly indicate how you feel you can be of service to Boulder City: \_\_\_\_\_

\_\_\_\_\_  
 Length of Residency: \_\_\_\_\_

Municipal Pool Ad Hoc Committee

I certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**PLEASE NOTE:**  
 Upon submitting this form, all information will be considered public information pursuant to Nevada Revised Statutes.

**For Office Use Only**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Committee / Commission Appointed To

| Date Appointed | Term End Date | Date  | Interested in Reappointment? |                             |
|----------------|---------------|-------|------------------------------|-----------------------------|
| _____          | _____         | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____          | _____         | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____          | _____         | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____          | _____         | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |