



Helper City

58 South Main Street
PO Box 221
Helper, Utah 84526
(435) 472-5391

Mayor
Lenise Peterman

Council Members
Edward Chavez
David Dornan
Bob Olson
David Palacios
John Serfustini

HELPER CITY BOARD/COMMITTEE APPLICATION

Please fill in all information as completely as possible. You may also attach a resume or other supporting information. We will take into consideration gender and ethnic background to measure diversity across all boards.

Date: _____

Name: _____
Last Name First Name

Home Address: _____
Street Address City State Zip Code

Mailing Address (If different): _____
Street Address City State Zip Code

Primary Phone #: _____ **Secondary Phone #:** _____ **Email:** _____

Occupation: _____

Employer: _____
Street Address City State Zip Code

Area(s) of Expertise: _____

U.S. Citizen: Yes ___ No ___ **Length of time you have resided in Helper City/Carbon County:** _____

References:

1. _____
Name Occupation Daytime Telephone

2. _____
Name Occupation Daytime Telephone



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Please list all Helper City Boards on which you are currently serving:

Please list all Helper City Boards on which you have previously served:

Please list the names of Helper City Boards which you are interested in serving:

1.

2.

3.

Please briefly describe your background. Focus on information such as education, training, certifications, work history, volunteer experience, awards or honors, special interest or other information which highlight your qualifications for the board you are interested in serving on.

To your knowledge, have any formal charges of professional misconduct, criminal misdemeanor or a felony ever been filed against you in any jurisdiction? Yes ___ No ___

Is there any possible conflict of interest or other matter which would prevent you from fairly and impartially discharging your duties as an appointee of any of the Helper City Boards? Yes ___ No ___



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If you answered yes to either of the two preceding questions, please include an explanation on an attached document.

I certify the facts contained in this application are true and correct to the best of my knowledge. I authorize investigations of all statements contained herein and I authorize the references listed above to disclose any and all information concerning any qualifications and other pertinent information, personal or otherwise. I release all parties from all liability for any damages which may results from furnishing such information.

Signature

Date

Please return this form to: Cole Stapley
58 South Main Street
Helper, UT 84526

Or by email to: cstapley@helpercity.gov