

Please choose three (in order of preference; i.e. 1st, 2nd and 3rd choice) of the City Boards, Commissions, Committees for which you would like to be considered for appointment. Enter the numbers of your three selections below:

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| 1. Board of Appeals* | 19. Newport News Public Library - Board of Trustees |
| 2. Board of Trustees - Pensions & Retirement* | 20. Newport News Redevelopment & Housing Authority* |
| 3. Commemoration Advisory Commission | 21. Newport News Wetlands Board |
| 4. Committee on Investments - (Retirement Fund) | 22. Newsome House Museum & Cultural Center Foundation, Inc. Board of Directors |
| 5. Downing-Gross Cultural Arts Center Board | 23. North End/Huntington Heights Architectural Review Board* |
| 6. Eastern Virginia Medical School Board of Visitors | 24. Peninsula Agency on Aging |
| 7. Hampton Newport News Community Criminal Justice Board | 25. Peninsula Airport Commission |
| 8. Hampton-Newport News Community Services Board | 26. Reservoir Protection Appeals Committee* |
| 9. Hilton Village Architectural Review Board* | 27. Southeastern Virginia Health System |
| 10. Human Services Advisory Board | 28. Taxi Advisory Board |
| 11. Industrial Development Authority | 29. Thomas Nelson Community College Board of Directors |
| 12. Insight Enterprises, Inc./Peninsula Center for Independent Living Board of Directors | 30. Towing Advisory Board* |
| 13. Law Library Advisory Committee* | 31. Transportation Safety Commission* |
| 14. Newport News Arts Commission | 32. USS Newport News Liaison Committee* |
| 15. Newport News Community Policy & Management Team* | 33. _____ |
| 16. Newport News Human Rights Commission | |
| 17. Newport News Occasions | |
| 18. Newport News Planning Commission | |

** Has one or more member-specific requirements*

List your three choices in order of preference: 1st choice: #___ 2nd choice: #___ 3rd choice: #___

On what boards/commissions/committees have you served (or are you serving)? _____

Name/Date _____ Name/Date _____

Are you a citizen of the United States? [] Yes [] No
 Are you a resident of Newport News? [] Yes [] No

Please list three individuals in the City who may be contacted when considering you for an appointment. **(Please provide the complete mailing address for each reference)**

	Name	Address	Telephone Number	
			(Home)	(Work)
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

 Signature Date