

Date & Time Received: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

## Application Opioid Task Force

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ City of Newberry Resident? \_\_\_\_\_ How long? \_\_\_\_\_

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

Applying for: ☐ Opioid Task Force

Please tell us why you wish to be a part of this committee.

---

---

---

---

List any experience, skills, education, memberships, or knowledge you possess, that would bring benefit to the board if you were appointed.

---

---

---

---

Upon execution of this application, you are also certifying to the following:

1. I am able to attend the meetings of the Board as required by the "Guidelines for Citizen Advisory Boards and Committees."
2. My personal and business affairs within the City are in compliance with all City rules and regulations.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your application. We will be in contact once the Commission has made a decision on this matter.