



OFFICE OF THE MAYOR

NEWPORT CITY HALL 43 BROADWAY NEWPORT, R.I.

Phone: 401 845-5437 | Email: MayorsOffice@CityofNewport.com | Fax: 401 845-2510

BOARDS & COMMISSION APPLICATION

I'm interested in serving the community on the following Board(s) or Commission(s)

- Ad-Hoc North End Redevelopment Commission
 Affirmative Action Commission
 Aquidneck Island Planning Commission
 Bicycle & Pedestrian Advisory Commission
 Canvassing Authority
 Cliff Walk Commission
 Energy & Environment Commission
 Henderson Home Commission
 Historic Cemetery Advisory Commission
 Historic District Commission
 Historic Monument Commission
 Housing Authority of the City of Newport
 Miantonomi Park Commission
 Beach Commission
 Tree & Open Space Commission
 Planning Board
 Board of Tax Appeals
 Trust & Investment Commission
 Waterfront Commission
 Zoning Board of Review

Name: _____

Street Address: _____

Mailing Address: _____

Phone: (Home) _____ (Business) _____ (Cell) _____

E-Mail Address: _____

Are you a registered voter in the City of Newport? **(Compulsory for all Boards and Commissions)** Yes No

Do you reside in the City of Newport year round? Yes No

Employer: _____ Length of Employment: _____

If less than two years, previous employer: _____

Are you presently serving on a City of Newport Board or Commission? Yes No

If yes, please specify name of Board or Commission: _____

Have you previously served on a City of Newport Board or Commission: Yes No

If yes, please specify name of Board or Commission: _____

Have you attended any meetings of the Board(s) or Commission(s) to which you're applying? Yes No

Work experience related to the Board(s) or Commission(s) being applied for: **(If available, please attach a resume to this application)**

Education background: _____

Provide a brief explanation of your interest in serving on a board or commission:

If so desired, please state how your qualifications represent the neighborhood interests, and diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of abilities, and any other relevant demographic qualities of the City of Newport.

Please note your application will be retained for one year. Once submitted, this form, including all attachments, become public record.

Signature of Applicant: _____ Date of Application: _____

FOR OFFICE USE ONLY: Interview Date: _____ Replacing: _____ Unexpired Term: Y N

Appointed Date: _____ Term Expires: _____ Reappointment Request Date: _____ Reappointed Date: _____



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ETHICS STATEMENT

POLICY STATEMENT:

The City of Newport embraces the core values of honesty, trust, and integrity. In the accomplishment of the City's mission, earning and keeping the public trust is a primary goal. It is the policy of the City to prohibit employees from engaging in activities or practices which conflict with or compromise these values.

All employees, volunteers, members of boards and commissions, and other agents representing the City's interests, are expected to respect and uphold the high standard of dignity and integrity espoused in the City's core values

I, _____ being an applicant for appointment to a City Board, Committee, or Commission, declare that said appointment does not, and will not, constitute or create a conflict of interest. I further declare that my appointment does not and will not compromise the core values stated herein, and I pledge to uphold and maintain those values in the performance of my official duties with the City.

I freely and voluntarily make this declaration, as a component of the City's application process for appointment

(Signature)

(Date)