



CITY OF CLEVELAND BLACK WOMEN & GIRLS COMMISSION APPLICATION

mayor.clevelandohio.gov

APPLICATION DEADLINE IS AUGUST 3, 2022

or mail to:

ATTENTON: Angela Shute-Woodson
City of Cleveland Black Women and Girls Commission

601 Lakeside Avenue Room 201 CLEVELAND, OH 44114

The information from this application will be used exclusively by the Mayor and Cleveland City Council offices in Cleveland, Ohio. Please note that this form with your answers is subject to public disclosure under the Ohio Open Records Law, subject to certain redaction permitted by law. If you need more space to answer any question or explain any of your answers, please use additional sheets. Please type or print clearly. This information **must be completed in full**. Attach résumé, if available. City of Cleveland Black Women & Girls Commissions members are required to be a resident and/or work in the City of Cleveland, Ohio.

Are you a resident of Cleveland, Ohio?	?	Yes	No		
Mrs./Miss/Ms.					
First Name		Last Name	•	Middle/Maiden	
Address		City	State	Zip Code	
Phone		Email Add	ress		
Occupation					
School / Organization Name					
School / Organization Address		City	State	Zip Code	
Phone		Em	Email Address		
Specify preferred mailing address	Residence	Business			

This Commission is required to have members who are qualified with specific criteria. Please

For more information, see eligibility criteria at mayor.clevelandohio.gov

indicate the required position, if any, for which you qualify:

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Do you currently serve an appointed Board or Commission for the City of Cleveland? If so, which one(s):

NO	YES	Are you under the age of 15 years old?	AGE				
Education High School Undergrad Graduate S	ol or equi	ivalent:	Graduated: Graduated: Graduated:	Yes Yes Yes	No No No		
		ir reason for seeking this board/commission appointme nrough your service:	nt, and what y	ou hop	e to		
List any relevant nonpaid work experience, internship, civic or volunteer activities (please attach a resume if possible):							
Previous addresses in the past ten years (include number of years, residence, city and state):							
If applicabl	e, emplo	yment history over the past ten years (include number of y	years, employe	er, city a	nd state):		
		action taken against you, for a breach of ethics or unprofonal regulatory board or institution:	essional condu	ıct, by a	ny		

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Are you currently under any court order from the City of Cleveland? If yes, please explain:
Have you been publicly identified with a controversial national, state, or local matter related to any issue that may be presented before the Commission(s) to which you are applying? If yes, please explain:
Have you ever submitted oral or written statements to any government authority or the news media on topics related to any issue that may be presented before the Board(s) or Commission(s) to which you are applying? If yes, please explain:
Please disclose all joint holdings of real or personal property, business partnerships, or joint business or partnership interests, you or members of your family maintain with any current Cleveland public officials or member of their family, or other official associated with the board for which you are seeking appointment. Please disclose both the official(s) and nature of the relationship.
Do you have any potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain:

Please disclose all Cleveland elected officials to whom you have made cathe last four years. Note: this information has already been publicly disclos not disqualifying, but simply aids in transparency.	
What is your gender identity? What do you consider your race? What do you consider your ethnicity? If you prefer not to answer, please put N/A.	
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS S	
l, and statements on this form are true, complete, and correct to the best of my good faith.	certify that all of the answers knowledge and are made in
Signature:	Date: