Ruckersville Advisory Group
Volunteer Information Sheet

Personal Information

Name: _____________________________________________________________________________________________________
Address: ___________________________________________________________________________________________________
Phone: ____________________________________________________________________________________________________
Email Address: ______________________________________________________________________________________________
If currently employed, name and location of employer: ______________________________________________________________
Occupation: _________________________________________________________________________________________________

Background and Interest

Why are you interested in being part of the Ruckersville Advisory Group?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
List any experience, skills, or other qualifications (including hobbies) which you believe should be considered in evaluating
your qualifications for volunteering for this planning advisory group.
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
Do you own or represent a business or organization in Greene County? ________________________________________________
If yes, please indicate the business or organization’s name___________________________________________________________
How did you hear about this opportunity? ________________________________________________________________

I am aware that all of the information provided and this document itself is a public record which will be released to a requestor; that
I authorize such release and that I waive any right to any notice of such release and/or any right of notice to augment the
information provided upon this document upon such request or release.

Signature        Date

Please return completed application by email to planning@gcva.us or by mail to P.O. Box 358, Stanardsville, VA 22973