

## Application Form

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### Profile

First Name

Middle Initial

Last Name

### Gender \*

None Selected

Email Address

Primary Phone

Alternate Phone

Home Address

Suite or Apt

City

State

Postal Code

### What district do you live in?

None Selected

Use [this map](#) to determine your district.

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### Advisory Boards

Applications that do not currently have vacancies are still accepted and kept on file for one year. Applications for re-appointment may show that no vacancies are available because the seat is still filled; however, the application will still be accepted.

## Which Boards would you like to apply for?

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- Advisory Commission on Youth
- Advisory Plans Examiner Board
- Affordable Dwelling Unit Advisory Board
- Agricultural District Advisory Committee
- Animal Advisory Committee
- Art Advisory Committee
- Board of Building Code Appeals
- Board of Equalization
- Board of Zoning Appeals
- Commission on Aging
- Communications Commission
- Community Criminal Justice Board
- Community Policy and Management Team
- Community Services Board
- Disability Services Board
- Dulles Town Center Community Development Authority
- Economic Development Advisory Commission
- Economic Development Authority
- Facilities Standards Manual Public Review Committee
- Family Services Advisory Board
- Finance Board
- Fiscal Impact Committee
- Health Systems Agency of Northern Virginia
- Heritage Commission
- Historic District Review Committee
- Housing Advisory Board
- Housing Choice Voucher Resident Advisory Board
- Human Services Strategic Plan Advisory Committee
- Leesburg Executive Airport Commission
- Length of Service Award Program Committee
- Library Board of Trustees
- Loudoun Health Council
- Loudoun Water
- Lyme Disease Commission
- NOVA Parks Board
- Other Post-Employment Benefits Investment Committee
- Parks, Recreation and Open Space Board
- Planning Commission
- Police Directed Towing Advisory Board
- Route 28 Landowners Advisory Board
- Rural Economic Development Council
- Transit Advisory Board
- Water Resources Technical Advisory Committee
- Zoning Ordinance Action Group

Question applies to Transit Advisory Board

### Do you use Loudoun County Transit Services?

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Yes  No

Question applies to Transit Advisory Board

### Do you use any other transit services listed?

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None Selected

Question applies to Transit Advisory Board

**Do you take Metrorail Services?**

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Yes  No

Question applies to Transit Advisory Board

**Why do you use transit?**

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None Selected

Question applies to Transit Advisory Board

**Do you rely on transit services as your principal means of getting around?**

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Yes  No

Question applies to Transit Advisory Board

**Do you anticipate using Loudoun County Transit or Metrorail when the Silver Line service arrives in Loudoun County?**

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Yes  No

Question applies to Commission on Aging

**The Commission on Aging requires that at least fifty percent 50% of all members appointed by the BOS shall be 60 years of age or older. \***

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None Selected

Question applies to Human Services Strategic Plan Advisory Committee

**Which position are you applying for? \***

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None Selected

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**Interests & Experiences**

Please tell us about yourself and why you want to serve.

**Why are you interested in serving on a board or commission?**

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**Work Experience:**

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Upload a Resume

**Education:**

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**Volunteer Experience:**

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**Special Qualifications:**

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**Personal Information**

*This information will be kept in a file and is protected from release to the public as a result of a public records request.*

**Have you ever been convicted of a felony and/or sex-related crime?**

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Yes  No

**In the past 5 years, have you been convicted of a misdemeanor, other than a minor traffic violation?**

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Yes  No

**In the past 5 years, have you had a civil suit brought against you?**

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Yes  No

**Background Check**

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**I understand that I may be subject to a background and/or credit check.**

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I Agree

**Is there any other information that may disqualify you from serving on this advisory body?**

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Yes  No

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**Statement of Accuracy & Signature**

**Statement of Accuracy**

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**I affirm that, to the best of my knowledge, the information provided herein is truthful, accurate, and complete. I understand that any misrepresentation of information may result in my appointment being rescinded.**

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I Agree

**Signature:**

**By typing your name in the box below, you are signing your application.**

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