

APPLICATION FOR NOMINATION
Cave Spring Downtown Development Authority



Name _____ Email _____

Home Address _____ City/Zip _____

Phone Daytime _____ Evening _____ Fax _____

I am: (Check all that apply)

____ A resident of the _____ City of Cave Spring or of _____ Floyd County

____ Available for Board meetings each month

____ An elected member of Government: Elected Position _____

____ A Downtown property owner: Property Address _____

____ A Downtown business owner: Business Name _____

____ A Downtown employee: Business & Position _____

My Downtown Involvement over the past two years includes: (Check all that apply)

____ Serving on Committee(s) _____

____ Assisting with Projects _____

____ Participation in Events _____

____ A Financial Contribution _____

Organizations to which I belong and volunteer service include: _____

Interests/Hobbies/Talents/Skills: _____

I am interested in serving on the Authority because: _____

I will allow my name to be submitted for consideration in service to the Authority, and if appointed to serve as a member of the Board of Directors, I agree to:

- Attend all possible regular monthly Board meetings, committee meetings, and any special meetings
- Attend eight hours of training within my first year of service as required by law
- Attend the Annual Planning Session and participate in a Board Orientation
- Enter into full discussion and participation in policy decisions affecting the DDA and its purpose
- Accept responsibility for assignments and offer suggestions on programming or operations
- Maintain matters of confidence
- Serve the Authority, working for its overall well-being and that of the business district
- Seek opportunities to learn more about downtown revitalization efforts and best practices

Signature _____ Date _____