

PARK CITY MUNICIPAL CORPORATION APPLICATION FOR APPOINTMENT TO PUBLIC ART ADVISORY BOARD

Application deadline is 5:00 p.m. on Monday, November 28, 2016. Applications may be submitted by email to jenny.diersen@parkcity.org or in person to Jenny Diersen, Special Events Office, Park City Municipal Corporation/City Hall, 445 Marsac Avenue – 3rd Floor, PO Box 1480, Park City UT 84060.

Questions? enny Diersen, jenny.diersen@parkcity.org / 435.615.5188.

<u>Public Art Advisory Board</u> page on the city's website includes links to the Strategic Plan, Public Art Master Plan, and Policies documents.

Name	of App	plicant:			
Addre	ss (Ma	ailing)			
Addres	ss (Ph	nysical)			
Teleph	none:	Residence Cell:			
		E-mail			
Occup	ation/	Profession:			
Quest	ions:	You may submit answers to the questions on a separate piece of paper.			
1.	How long have you lived within the City limits of Park City?				
2.	2. What is your involvement with the community?				

Why a	re you interested in serving on the Public Art Advisory Board?
Are yo	ou interested in serving on other City Boards or Commissions?
What i	s your knowledge of the City's Public Art Collection?
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9.	What do you perceive as the mission of the Public Art Advisory Board?		
10.	The Public Art Advisory Board meets the 2 nd Monday of each month, as needed. Would you be able to attend meetings beginning at 5:00 p.m.? Yes No		
11.	The Park City Public Art Advisory Board may require 5 to 15 hours of time per you be able to contribute this time to the position?	er month. W	ill
	Yes No		
oacko Comr	pplicants will be required to sign an Authorization for Release of Information of the conducted by the City. Additionally, all ment mittee will be required to sign a Disclosure Affidavit and acknowledge the graph of the Park City Municipal Code.	nbers of th	е
AUTH	IORIZATION FOR RELEASE OF INFORMATION		
Art Ac will be advers for dis Counc	have made application for a position was conducted in connection with my application. It is further my understanding that a comprehensive investigation of my econducted in connection with my application. It is further my understanding that a selly reflecting on my qualifications for service on this Board by such investigation requalification for appointment, or my dismissal upon due consideration of the facts cil.	hackground	4

I hereby give to the Park City Police Department and/or City Attorney's Office, or duly authorized representative of the Police Department and/or City Attorney's Office, the authority to conduct any comprehensive investigation of my background the City Attorney's Office deems necessary, including but not necessarily limited to, oral discussions with any person concerning my background. Also, generally, I hereby authorize a review and full disclosure of all records, or any part, thereof, concerning myself by/to any authorized representative of the Police Department and/or City Attorney's Office, whether said records are public or private, including those which may be deemed to be a privileged or confidential nature. In particular, I hereby authorize the full and complete disclosure of any and all records pertaining to criminal and employment background.

I hereby appoint any authorized representative designated by the Police Department and/or City Attorney's Office as an authorized agent for me for the purpose of inspecting any arrest records information maintained by any law enforcement agency concerning me.

To the custodian of the records discussed herein, I hereby direct you to release such information to the bearer of the Authorization for Release of Information or a copy thereof. A copy of this release form will be valid as an original hereof, even though that copy does not contain an original writing of any signature.

I hereby release the custodian or custodians of such Park City, including any of their agents, employees of all claims of liability or damage of whatever kind or not heirs, assigns, associates, personal representative of compliance by said custodian or custodians with this request contained herein for this release or because Department or the city of Park City. This release is bit assigns, associates, personal representative or representative.	r representatives ature which any ting representatives of Authorization of For any use of the anding, now and in	in any capacity, from any and me could result to me, my of any nature because of Release of Information and my se records by the Police of the future, on me, my heirs,
Applicant's Signature	Date	
Subscribed and sworn to before me this day of _		_, 2016.

Notary Public