

## APPLICATION FOR INTER-FAITH ADVISORY COUNCIL

**The Anne Arundel County Executive's Office is accepting applications for County residents to voluntarily serve on the Inter-Faith Advisory Council.**

The Commission will consist of 17 voting members appointed by the County Executive.

The members of the Council are responsible for addressing social & community issues and assisting with and meeting the needs of County residents, including but not limited to people suffering from homelessness, addiction, mental illness, domestic violence, food insecurity and poverty in Anne Arundel County. The County Executive's Office recognizes that a group of representatives of inter-faith groups can provide valuable advice, counsel, and support to the County on how to best assist these at-risk populations.

### INSTRUCTIONS:

**Please submit your resume, complete this application *AND* Conflict of Interest Form found on the Inter-Faith Advisory Council webpage and send it to**

**[exbrow21@aacounty.org](mailto:exbrow21@aacounty.org)**

### Background Information:

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Residing Councilmanic District:** \_\_\_\_\_

### Representing:

**Name of Inter-Faith Organization:** \_\_\_\_\_

**Denomination:** \_\_\_\_\_

**Occupation/Title:** \_\_\_\_\_

### Demographics (optional but requested):

**Age:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Motivation/Experience:** (attach pages as necessary)

- 1. Please explain why you would like to serve on this Council.**
  
- 2. What work have you done in the community or would like to do to advance the needs of those you serve?**
  
- 3. Please explain a need you see or have encountered within the community and your suggestions as to how to resolve it.**
  
- 4. Please list any background, skills or knowledge that you possess that would be relevant to participating on this Council.**

**Certification/Authorization** (Please type your name as your signature on the line below)

**I certify that the above information is correct and authorize further processing of this application.**

\_\_\_\_\_

**(Print Name/Sign)**