



Boards & Commissions Reappointment Application

I am interested in continuing to serve on the following board/commission.
Community Services Board

As an applicant/member of a Council-appointed Board or Commission, your name, address, and phone number will be available to the press and public. Information will be kept on file for three years. Public discussion of information contained herein may occur in the meeting at which appointments are considered by the City Council.

Mr. Mrs. Ms. X Miss. Dr.

(Please type or print clearly)

Name: Mast Cheryl Y 5/21/20
(Last) (First) (M.I) Date:

Home Address: 1300 Greystone Street, Harrsionburg, VA Zip Code: 22802

Phone Number: 540-820-8776 Alternate Phone: _____

Occupation: CFO Employer/Organization: Rockingham County Schools

E-mail: cmast@rockingham.k12.va.us Harrisonburg resident for 30 years.

How many years have you served: 1 How many terms have you served: 0

Additional comments: