Boards & Commissions Application



CENTRAL SHEMANDOAH EMERGENCY
1. MEDICAL SERVICES COUNCIL 2. BOARD OF ZONING APPEALS also interested in Building code board of appeals.
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.☐Miss.☑Tr. (Please type or print clearly)
Name: MAIRAJUDDIN REHAN Date: 1/9/2015 (First)
Home Address: 441 QUEEN ANNE CT. Zip Code: 22801
Phone Number: 732 - 213 - 2015 Alternate Phone:
Occupation: Business Operations Employer/Organization: CENTURIA CORP. (SERCO) Consultant - The Grant Doc. Aralyst
E-mail: Ymu harrisonburg@outlock. Com Harrisonburg resident for 12 years.
Were you referred by anyone: Yes No Name of Referring Party: Citizen's Academy
How did you hear about volunteering on a board or commission? Cable Website Council Meeting Other: Citizen's Academy
Why do you wish to serve on a board or commission?
Why do you wish to serve on a board or commission? I want to Contribute and be an active member of my Community.
What relevant experience or education do you have to this board or commission?
What relevant experience or education do you have to this board or commission? I am a medical School graduate. (Not currently practicing) I have more than 10 years of professional work expesience and have served in positions of managent and Community involved among others.
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