

Boards & Commissions Reappointment Application



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

Social Services Advisory 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.) Miss. Dr.

(Please type or print clearly)

Name: M.C. Corbkle Roberts Date: July 7, 2017
(Last) (First) (M.I)

Home Address: 95 Campbell St. Zip Code: 22801

Phone Number: 540 271 2892 Alternate Phone:

Occupation: Volunteer Coordinator Employer/Organization: H-R Free Clinic

E-mail: brpfdz@hotmail.com Harrisonburg resident for 5 years.

How many years have you served: 4 How many terms have you served: ONE

Additional comments: It would be my honor to serve a second term on the DSS Advisory Board. I am a committed advocate of the hard-working, compassionate DSS staff and their mission of serving our most VALIANT Neighbors.