

Application Form

Profile

Prefix	Laurinda	F	Peters	Suffix
	First Name	Middle Initial	Last Name	

laurindapeters@gmail.com

Email Address

43 MAPLEHURST AVE		
Home Address	Suite or Apt	
HARRISONBURG	VA	22801
City	State	Postal Code

How many years have you been a resident of Harrisonburg?

Primary Phone	Alternate Phone
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Employer	Job Title
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Demographics - (Submission of this information if voluntary and will not subject you to any adverse treatment should you chose to not complete)

Ethnicity

None Selected

Gender

None Selected

What is your age?

None Selected

Are you reapplying for a current position you hold? *

None Selected

Which Boards would you like to apply for?

None Selected

Interests & Experiences

Please tell us about yourself and why you want to serve.

Why are you interested in serving on a board or commission?

What other interests or concerns do you have regarding the community?

What relevant experience or education do you have to this board or commission?

Please list any past or present community involvement e.g. City Council, Boards and Commissions, Citizen Academy, etc. in Harrisonburg or elsewhere:

[Upload a Resume](#)

EPSAC Applicants only

Bike/Pedestrian Subcommittee Applicants only