



## **El Paso County Commissioners Court**

Dear Applicant,

Thank you for your interest in applying to serve as a member of the El Paso County Women's Commission. This packet provides the necessary information for you to familiarize yourself with the responsibilities of this board and the necessary documents to begin the application process.

We appreciate your willingness to be involved in guiding the future of this board and its function of ensuring the health and vitality of our community.

As a member of this board, you will be expected to participate in the meetings and other tasks as deemed necessary to fulfill your post. You should participate actively in meetings and seeking as much information needed to help the board come to its decisions. Please be aware of the various duties, responsibilities and the time commitment that will be required of you.

After submitting this application, it will be reviewed and if it meets the qualifications needed to fill the vacancy, your information will be submitted for approval by the El Paso Commissioners Court.

If you have any further questions, please feel free contact the County Administration office at (915) 546-2215. Again, thank you for your leadership and commitment.



# El Paso County

## Women's Commission

### Board Overview

The El Paso County Women's Commission will serve as an advisory body to the Commissioners Court and the Chief Administrator and will be the coordinating agency for activities, education, and information relating to the special interests, needs, and concerns of the women of El Paso County.

### Board Duties

- Focus on and work toward no more than 3 goals as assigned by the Commissioners Court each year.
- Facilitate communication with the County on key issues between various community groups and organizations working to address equal rights and issues affecting women.
- Research, prepare and disseminate information in the field of sex discrimination and prejudice, and to advise the Commissioners Court on matters involving the needs of women.

### Board Member Qualifications

To serve as a member of the board, a person must be:

- an El Paso resident;
- 16 years or older and reflective of the diversity of women in the county with regard to race, ethnicity, age, socioeconomic status, sexual orientation, gender identity, and religious affiliation; and
- Members must have an interest in issues affecting women and families and must share a commitment to the goals of the County;
- Should have demonstrated capabilities of effective service and leadership within the community.

### Seats

The Board is a seven-member body.

### Term

Five members of the board are appointed by Commissioners Court and two members are appointed at-large for a 2-year term.

### Meeting

The 1<sup>st</sup> board meeting will take place in March 2023. Thereafter, a meeting schedule will be established.

Submit Application & Background Investigation authorization form to the El Paso County Administration Department at:

500 E. San Antonio, Suite 302

El Paso, TX 79901

Phone: (915) 546-2215

Fax: (915) 546-2217

Email: [countychiefadmin@epcounty.com](mailto:countychiefadmin@epcounty.com)



# El Paso County

## Women's Commission

Name: \_\_\_\_\_ Voting Precinct: \_\_\_\_\_

Home Address:

\_\_\_\_\_

STREET

CITY

STATE

ZIP

Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

***PURSUANT TO TEXAS GOVERNMENT CODE, SEC. 522.021, I ELECT THAT MY HOME ADDRESS & TELEPHONE NUMBER (CHECK ONE):  MAY BE RELEASED /  SHALL NOT BE RELEASED TO THE PUBLIC UPON REQUEST UNDER THE TEXAS OPEN RECORDS ACT. FAILURE TO MAKE A DESIGNATION RESULTS IN INFORMATION BEING AVAILABLE FOR PUBLIC ACCESS.***

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Telephone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Professional Background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Three (3) personal or professional references not related to you:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

Previous volunteer organizations and/or community service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you at least 16 years of age? \_\_\_\_\_(Yes)\_\_\_\_\_ (No)

Length of Residency in El Paso County: \_\_\_\_\_(Years/Months)

Do you have property in El Paso County under your name? \_\_\_\_\_(Yes)\_\_\_\_\_ (No)

Are your property taxes currently paid? \_\_\_\_\_(Yes)\_\_\_\_\_ (No) If not, please give a brief explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you an elected officer, county employee, county affiliate, or employed as a lobbyist? \_\_\_\_\_(Yes)\_\_\_\_\_ (No)

If so, please specify. \_\_\_\_\_

*In accordance with the El Paso County Uniform Rules and Procedures, I \_\_\_\_\_ agree to complete 3 mandatory trainings: the County's Code of Ethics, Open Meetings Act, and Public Information Act upon accepting a board appointment. Additionally, if after the expiration of my term served and if being considered for reappointment, I also agree to retake the same trainings and any other training(s) identified by El Paso County if necessary.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application should be submitted to:

500 E. San Antonio, Suite 302  
El Paso, TX 79901  
Phone: (915) 546-2215  
Fax: (915) 546-2217 or via email  
Email: [countychiefadmin@epcounty.com](mailto:countychiefadmin@epcounty.com)



**BACKGROUND INVESTIGATION AUTHORIZATION FORM**  
**RELEASE OF CONFIDENTIAL INFORMATION**

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*Dear Applicant:*

*The County of El Paso conducts background investigations on applicants in various departments. This effort is part of the selection process and requires your authorization. By signing this document, you acknowledge that you are voluntarily granting permission to the County of El Paso to conduct a background check and you authorize relevant parties to release confidential information. The information will remain confidential and will not be disclosed.*

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*I, \_\_\_\_\_ further hereby authorize the County of El Paso Human Resources Department to obtain all confidential records and information pertaining to a complete background investigation. This may include items such as (but not limited to): personal references, work references, Police Records, Sheriff Records, Driving Record, and any open record request.*

_____	_____
Full Legal Name	Maiden Name (If Applicable)
_____	_____
Street Address	City/State/Zip Code
_____	_____
Social Security Number	Driver's License Number/State
_____	_____
Date of Birth	Email

*List the cities and states in which you have lived in the past 10 years.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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*Signature of Applicant*