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.
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 1st 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
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:

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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
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.

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.

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<th>Full Legal Name</th>
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List the cities and states in which you have lived in the past 10 years.

1. ______________________  4. ______________________
2. ______________________  5. ______________________
3. ______________________  6. ______________________

________________________________
Signature of Applicant