



APPLICATION BOARDS AND COMMISSIONS

NAME: MARTHANN DAFFT WORK NUMBER: [REDACTED]

ADDRESS: 2557 BRANDYWINE DRIVE HOME NUMBER: 972-247-6659

E-mail Address [REDACTED] @ [REDACTED]

Spouse's Name (optional): _____

Resident of Farmers Branch 58 years. Registered Voter? Yes # YES No

If less than 2 years: prior address _____ Length _____

Occupation: RETIRED

Employer: _____

Address (optional): _____

If any previous Board or Commission experience (in any City), state details:

List memberships of any Civic Organizations:

AMERICAN DENTAL ASSISTANTS ASSOCIATION, TEXAS DENTAL ASSISTANTS ASSOCIATION,
DALLAS COUNTY DENTAL ASSISTANTS SOCIETY, METROCREST REPUBLICAN CLUB, TIFA, 687 EASTERN STARS

List any particular qualifications which you think might be beneficial in serving on a board

MY EXPERIENCE AS MEMBER AND OFFICER OF MY PROFESSIONAL GROUPS

CHECK WHICH BOARD(S) YOU WOULD LIKE TO SERVE ON:

- ☐ ANIMAL SHELTER ADVISORY COMMITTEE (2 Year Term)
- ☐ METROCREST HOSPITAL AUTHORITY (2 Year Term)
- ☐ LIBRARY BOARD (2 Year Term)
- ☐ PARKS AND RECREATION BOARD (2 Year Term)
- ☐ PLANNING AND ZONING COMMISSION (3 Year Term)
- ☒ SENIOR ADVISORY BOARD (MUST BE 50 YRS OF AGE OR OLDER) (2 Year Term)
- ☐ ZONING BOARD OF ADJUSTMENT AND BUILDING CODE BOARD OF APPEALS (2 Year Term)
- ☐ HISTORICAL PRESERVATION AND RESTORATION BOARD (2 Year Term)
- ☐ INDUSTRIAL DEVELOPMENT CORPORATION (6 Year Term)
- ☐ HOUSING FINANCE CORPORATION (6 Year Term)
- ☐ VALWOOD IMPROVEMENT AUTHORITY (MUST BE LANDOWNER IN VALWOOD IMPROVEMENT DISTRICT) (2 Year Term)
- ☐ COMMUNITY WATCH COMMITTEE (2 Year Term)
- ☐ FAMILY ADVISORY BOARD (3 Year Term)
- ☐ SUSTAINABILITY COMMITTEE (3 Year Term)

____ OTHER _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED THE CITY OF FARMERS BRANCH BOARD AND COMMISSION HANDBOOK. **I ALSO UNDERSTAND AND ACKNOWLEDGE THAT FARMERS BRANCH CODE OF ORDINANCES §2-33 REQUIRES THAT I AGREE TO THE CITY PERFORMING A CRIMINAL HISTORY CHECK ON ME PRIOR TO MY APPOINTMENT TO A BOARD OR COMMISSION AND HEREBY GRANT MY CONSENT TO THE PERFORMANCE OF SAID CRIMINAL HISTORY CHECK.**

I UNDERSTAND AND ACKNOWLEDGE THAT IF I AM APPOINTED TO A BOARD OR COMMISSION, THE TEXAS PUBLIC INFORMATION ACT (TEX.GOV'T. CODE §§552.001, ET.SEQ.) MAY REQUIRE THE CITY OF FARMERS BRANCH TO DISCLOSE PERSONAL INFORMATION IN ITS POSSESSION TO MEMBERS OF THE PUBLIC WHO MAKE WRITTEN REQUESTS FOR SUCH INFORMATION UNLESS A PUBLIC ACCESS FORM IS ON FILE.

____ MARTHANN DAFFT _____

____ OCT 20, 2017 _____

SIGNATURE

DATE

This application will be held on file for one year