



RICARDO SAMANIEGO
El Paso County Judge

Dear Applicant,

Thank you for your interest in applying to serve as a member of the El Paso County Veterans Advisory Board. 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 Judge's office at (915) 546-2098. Again, thank you for your leadership and commitment.

Sincerely,

Ricardo A. Samaniego
El Paso County Judge



El Paso County

VETERANS ADVISORY BOARD

Board Overview

The purpose of the El Paso County Veterans Advisory Board is to serve as a link between the El Paso Veteran community and El Paso County government. Board members are residents who volunteer their time, knowledge, and expertise of Veterans' issues to gather information from the Veteran community and identify gaps in Veteran services throughout the County and will assist in obtaining and coordinating community support for Veterans. The Board will also work with local Veterans in obtaining assistance for Veterans in need.

Duties

The Veterans Advisory Board will develop a Veterans Affairs policy for the County of El Paso's consideration. The Board will additionally develop, maintain, and amend when necessary, a current and up-to-date database of Veteran services and Veteran service organizations throughout the County.

Qualifications

- Board members must be Veterans or spouses of Veterans;
- Veteran's issues expertise;
- Coordinating community Support for Veterans;
- Dedication;
- Sufficient time and energy.

Seats

The Board is a five-member body. The County Judge and County Commissioners are authorized to make one appointment each to the Board. Board members must be a Veteran or the spouse of a Veteran.

Term

Each member of the board is appointed for a term of two years.

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

500 E. San Antonio, Suite 302A

El Paso, TX 79901

Phone: (915) 546-2215

Fax: (915) 546-2217

Email: countychiefadmin@epcounty.com



El Paso County

Veterans Advisory Board Application

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 a Veteran or Spouse of a Veteran? _____(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. _____

Signature: _____ Date: _____

Application should be submitted to:

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



BACKGROUND INVESTIGATION AUTHORIZATION FORM
RELEASE OF CONFIDENTIAL INFORMATION

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.

_____ 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. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Signature of Applicant