

# City of Reno Board or Commission Membership Application

PLEASE BE ADVISED THAT ALL INFORMATION COLLECTED IN THIS APPLICATION IS PART OF THE CITY OF RENO'S PUBLIC RECORD AND IS, UPON REQUEST, AVAILABLE FOR PUBLIC REVIEW.

These positions are limited, in most cases, to residents of the City of Reno. The City Council endeavors to appoint persons who represent all of the various communities within the City of Reno. Please be advised that certain boards and commissions may have professional qualification requirements or require filing of financial statements with the Secretary of State. Contact the City Clerk's office at 775-334-2030 with any questions.

Contact Information				
First Name (Required) *		Middle Name/Initial	Last Name (Required) *	
SARAH		MARIE	HORSMAN	
Nick Name/Preferred Name		Email Address (Required) *	Phone Number (Required) *	
		SARAHHRSMN@GMAIL.COM	5303203572	
Home Address (No PO Box) (Required) *			City	Zip Code
1301 TONOPAH STREET APT 220			(Required) *	(Required) *
			Ward	
			WARD 3	
Business Address			City	Zip Code
			Ward	

I agree to inform the Reno City Clerk's Office of any contact or address changes.

☒ I Agree (Required) \*

Is this a new application, an application for reappointment, or an amendment to an existing application? (Required)	
* <input checked="" type="radio"/> New Application <input type="radio"/> Reappointment <input type="radio"/> Amendment	

Name of Board or Commission for which you would like to apply: (Required)	
* Ward 3 Neighborhood Advisory Board	

Explain briefly why you would like to be appointed to this board or commission.

I have lived in Reno for 20 years, I care deeply about the culture and vitality of this city. I have been a resident in the midtown area for the past 11 years, feel passionately about local businesses, LGBTQIA community, social justice and community. I am a natural leader and feel I have a lot of visionary leadership to bring to the NAB.

Relevant Education or Training

Health Program Manager 3 for State of Nevada, Department of Health and Human Services. Master's degree in special education from UNR. Active voter and participant in local elections.

Are you currently registered to vote in the City of Reno?

☒ Yes

☐ No

Are you 18 or over?

☒ Yes

☐ No

I certify that, to the best of my knowledge, the information I provided in the application is true. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal. If appointed, I agree to attend a board or commission orientation session, if applicable, within six months of my appointment. I understand that failure to comply with this requirement will result in automatic removal from the board or commission.

☒ I Agree \*

**WAIVER OF NOTICE REQUIRED UNDER NRS 241.033(1) TO ALLOW CITY COUNCIL TO CONSIDER CHARACTER, MISCONDUCT, OR COMPETENCE OF PERSON TO BE APPOINTED TO A BOARD, COMMISSION, OR OTHER PUBLIC BODY FOR THE CITY OF RENO**

The City Council for the City of Reno will be considering on a future posted agenda your appointment to a board, commission or other public body for the City of Reno. Pursuant to NRS 241.033(1), in order to consider the professional competence of an applicant, notice need be provided to that person of the time and place of the meeting in compliance with such statutory provisions. By signing below, it is confirmed that I have been provided notice of the meeting at which my appointment will be considered by City Council. Further, I knowingly and voluntarily am waiving my rights to all written notice requirements under NRS 241.033(1) pertaining to my qualifications, competence, and character to hold this appointment and consent to the evaluation of my character and competence by the Reno City Council in a public meeting. Further, the undersigned acknowledges that he may at any time withdraw both this waiver and related application for appointment.

**Printed Name of Applicant: \***

Sarah Horsman

**Today's Date \***

12/23/2024

**Signature of Applicant: \***



**Attach Resume (0)**

Document Name	Attachment Type