

**TAYLORSVILLE CITY COUNCIL
AGENDA ITEM SUMMARY**

MEETING DATE: September 16, 2020

AGENDA ITEM: Appointment of Bill Hardesty as Chairman of the Cultural Diversity Committee

PUBLIC HEARING REQUIRED: YES _____ NO X

RESOLUTION/ORDINANCE REQUIRED:

ORDINANCE _____ **RESOLUTION** _____ **NONE** X

PRESENTER: Mayor Kristie Overson

ISSUE SUMMARY:

Appointment of Bill Hardesty as Chairman of the Cultural Diversity Committee

STAFF RECOMMENDATION:

CITY ATTORNEY (Approved as to form):

ACTION REQUIRED.

ATTACHMENTS: Application

CONTACT FOR FURTHER INFO:



VOLUNTEER APPOINTMENT – APPLICATION

Name: Bill HARDESTY Address: 3330 Signal Peak Dr R/S 72
City: Taylorsville Zip: 84129 Email: HARDESTY@Gmail Cell Phone: 801 631-0594

Please see our City website at <http://www.taylorsvilleut.gov/about.volunteercommittees.html> for specific committee information to use in finding the committee that best fits your skill set.

Consideration for appointment to:

☐ Arts Council ☐ Budget ☐ Economic Development ☐ Green Committee
☐ Historic Preservation ☐ Parks and Recreation ☐ Ordinance Review
☐ Planning Commission ☐ Public Safety ☒ Cultural Diversity Committee

What is your interest in this committee? BRINGING people together through
understanding & knowledge

What uniquely qualifies you for this committee? I'm OLDER AMERICAN -
PART of the Baby Boom generation. I HAVE wisdom THAT COMES
with LIFE

Please list any skills, talents, qualifications and/or experience that you feel directly relates to this committee: I AM a freelance JOURNALIST. which enables me
to REACH out to people & tell their story. I AM ALSO INTERESTED in
THE WHY

If the committee you are applying for is full, would you be willing to apply for a different committee? If so, please list your top 3 choices: HISTORIC PRESERVATION, ARTS COUNCIL
ORDINANCE REVIEW

Date: 26 MARCH 2020 Signature: [Signature]

Please Submit Your Completed Application to the Committee Advisor, Committee Chair, or Council Coordinator, Kris Heineman at kheineman@taylorsvilleut.gov

Submitted for Approval by: _____ Date: _____
(Mayor or City Council Advisor)

Action by City Council: Approved _____ Yes _____ No

Attest: _____ (City Recorder)