

# Board, Committee, and Commission Application

## Profile

Don  
First Name

Burger  
Last Name

## Preferred Pronouns

He, him, his

[Redacted]

Email Address

**Committee members receive a stipend of \$40 per meeting attended. Upon appointment to a committee, you are automatically enrolled into the stipend program. You must complete and submit a W-9 form to receive your payment. The W-9 form will be emailed to committee members upon confirmation of your appointment.**

Please enter your address below.

Many, but not all, of our committees require residency within the incorporated City limits of Hyattsville. To check your residency status, please visit the map: [City Residency Map](#)

Committees that accept applications from individuals residing outside of the incorporated City limits are listed below:

- Education Advisory Committee (at least 50% + 1 of sitting committee members must be residents of the City)
- Educational Facilities Task Force (up to one non-City resident appointment)
- Race and Equity Task Force (up to one non-City resident appointment)

[Redacted]

Street Address

[Redacted]

Suite or Apt

[Redacted]

City

[Redacted]

State

[Redacted]

Postal Code

## Which Boards would you like to apply for?

Health, Wellness and Recreation Advisory Committee: For Review

## Do you currently serve on this committee and are applying for re-appointment?

Yes  No

**If you selected more than one Board/Committee of interest, please indicate your first choice below.**

To find your City Ward, click on this link! [City Residency Map](#)

Please select your ward from the drop down list below. \*

Ward 1



Primary Phone

Referred By:

Lauren Comeau

Please provide a brief background statement including why you want to serve on the committee/s for which you are applying. This statement may be posted on the City's website.

I have been a resident of Hyattsville for nearly ten years and have been serving as a member of the Health, Wellness and Recreation Advisory Committee for the past six years, including several years as the Committee Chairperson. During that time the HWRAC has made tremendous strides in our service to the Hyattsville Community including development and implementation of the THRIVE Grants Program and continuation of our speaker series. I would like to continue to serve on the Committee in order to help the City in its efforts to improve the health and wellness of its citizens.

*Please answer the following demographic questions. The City of Hyattsville is committed to appointing dedicated, diverse, individuals to these Committees to achieve membership with residents of all ages, interests, and backgrounds. Although these questions are not required for the completion of this application and the data collected is not factored into acceptance to advisory boards and committees, it is useful for the city for the purpose of measuring outcomes. This information is for internal use only and the data is not shared publicly.*

Please indicate your age range.



Please indicate your gender(s). Select all that apply.



Please indicate your race-ethnicity(ies). Select all that apply.



None Selected

Do you speak a language other than English at home?



If you speak a language other than English at home, what language do you speak?



**Do you identify as having a disability as defined under the ADA [Americans with Disabilities Act]?**

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**Please check which of the following best describe your household income last year:**

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**Which of the best describes your housing status:**

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