



# CITY OF SIMPSONVILLE COMMITTEE VOLUNTEER APPLICATION

**NAME:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## BOARD/COMMITTEE PREFERENCE

*Mark all the committees of interest to you; Please "★" your top choice*

- Planning Commission (4 year term)
- Board of Zoning Appeals (3 year term)
- Election Commission (6 year term)

- Accommodations Tax Advisory Board
- Storm Water Committee
- Housing Appeals Board

**VOLUNTEER OR RELATED EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently serving on any boards, commissions or committees?  Yes  No

If yes, please list: \_\_\_\_\_

Reason for wanting to serve: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you feel are the top two or three issues facing the City? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that I am a resident of the City of Simpsonville and I am willing to devote the time necessary to carry out the responsibilities and requirements of service to the City of Simpsonville.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Council Member Sponsoring this Applicant

\_\_\_\_\_  
Date