



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

- | | |
|----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Planning Commission (4 year term) | <input type="checkbox"/> Accommodations Tax Advisory Board |
| <input type="checkbox"/> Board of Zoning Appeals (3 year term) | <input type="checkbox"/> Storm Water Committee |
| <input type="checkbox"/> Election Commission (6 year term) | <input type="checkbox"/> Housing Appeals Board |
| <input type="checkbox"/> Youth Advisory Board (1-2 year term) | |

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