



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 |

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 or own an active business in 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