

**Taylorsville Community Council
Application for Leadership Position**

PART I

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

Consideration to join Community Council _____ located within City Council District _____.

Position applying for: _____Chair _____Vice-Chair _____Secretary _____Any

I understand that appointment to the above stated Community Council authorizes me to serve as a volunteer or advisor to the City of Taylorsville, and as such I further understand that I have no authority to bind the city or impose any conditions on the City or its citizens.

Signed: _____

PART II

QUALIFICATION SUMMARY:

COMMUNITY SERVICE SUMMARY:

OTHER TRAINING:

PERSONAL STATEMENT REGARDING DESIRE TO BE APPOINTED:

Please return this form to Mayor Jerry Rechtenbach at jrechtenbach@taylorsvilleut.gov or it can be dropped off to the second floor receptionist at Taylorsville City Hall – 2600 W. Taylorsville Blvd. (5325 S.). For questions, please call 801-963-5400.