

APPLICATION – VOLUNTEER APPOINTMENT

_____ New (Entire form)
_____ Reappointment (Part I only)

PART I

NAME: _____ EMAIL: _____

ADDRESS: _____ WORK PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

Consideration for appointment to _____

(Commission, Board, Committee)

I understand that appointment to the above stated commission, board, or committee 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

PROFESSIONAL/EMPLOYMENT SUMMARY:

COMMUNITY SERVICE SUMMARY:

OTHER TRAINING OR QUALIFICATIONS:

PERSONAL STATEMENT REGARDING DESIRE TO BE APPOINTED:

Submitted to for Approval:

Date: _____

By: _____

(Mayor or City Council Chairman)

Action by City Council: Approved _____
(Yes) (No)

Attest: _____
(Recorder)