



APPLICATION FOR BOARDS AND COMMISSIONS
CITY OF COLUMBIA
SOUTH CAROLINA

| | | | |
|---|----------------|-------------------|----------|
| Board or Commission for which you are applying: | | | |
| | County | Council District: | |
| Residential Address | City | State | Zip Code |
| Mailing Address | City | State | Zip Code |
| Your Occupation – Title | Business Phone | Residence Phone | |
| Employer Name | E-Mail Address | | |
| Employer Address | City | State | Zip Code |

GENERAL QUALIFICATIONS

Are you a resident of the city? How long?

Yes No

Why would you like to serve?

Do you presently serve on any Commissions / Boards of the City / County / State? If so, please list.

Have you formerly served on any Commissions / Boards of the City / County / State? If so, please list.

Are you currently in a position of responsibility with an organization or board that has received or is seeking funding from the City of Columbia? If so, list the position and date.

Are you involved in any Community Activities? If so, please list.

What are your goals and objectives if appointed to the Commission / Board?

If appointed I am eligible to serve a maximum of two (2) terms and I understand that this application will be on file for no longer than two (2) years. **Information on this form will be considered public information.**

Signature _____

Date _____

RETURN COMPLETED FORM TO:

Office of the City Clerk
 City of Columbia
 Post Office Box 147
 Columbia, SC 29217
 Fax: (803) 255-8936

| FOR OFFICE USE ONLY | |
|---------------------|--|
| Received: | |
| Appointed to: | |
| Date: | |