



APPLICATION FOR BOARDS AND COMMISSIONS
CITY OF COLUMBIA
SOUTH CAROLINA

Board or Commission for which you are applying:				Area of knowledge as it pertains to this board/commission:			
Your Name (Last, First Middle)		Race	Gender	Age	County	Council District:	
Residential Address				City	State	Zip Code	
					South Carolina		
Mailing Address				City	State	Zip Code	
					South Carolina		
Your Occupation – Title				Business Phone		Residence/Mobile Phone	
Employer Name				E-Mail Address			
Employer Address			City	State	Zip Code		
Emergency Point of Contact			Relationship		Contact Number		

GENERAL QUALIFICATIONS

Are you a resident of the city? How long? Recommended by:

Yes No

Why would you like to serve on this board or commission?

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.

Please list any Community Activities that you are involved in.

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

If appointed I am eligible to serve on no more than one (1) board/commission with a maximum of two (2) terms. I understand that this application will be on file for no longer than two (2) years.

Signature

RETURN COMPLETED FORM TO:

City of Columbia
 ATTN: Ashley Jenkins
 Post Office Box 147
 Columbia, SC 29217
 Email: Ashley.Jenkins@columbiasc.gov

Date

FOR OFFICE USE ONLY

Received:	
Appointed to:	
Date Approved:	
Term Dates:	