

CITY OF WEST CARROLLTON
APPLICATION FOR VOLUNTEER SERVICE

Name: _____

Phone (home): _____

Address: _____

Phone (work): _____

E-mail: _____

Phone (cell): _____

Area(s) of Interest:

- Community Reinvestment Area Housing Council
- Planning Commission (PC)
- Board of Zoning Appeals (BZA)
- Recreation Board
- Income Tax Board of Review
- Personnel Appeals Board
- City Beautiful Commission (CBC)
- Board of Water & Sewer Charge Adjustment
- Records Retention Commission

Personal Information:

1. Occupation: _____

2. Where Employed: _____

3. Length of Residency in West Carrollton: _____

4. Any previous experience in city government? Yes No

If yes, please explain:

5. Do you have a criminal record? If so, please explain:

6. Why do you feel qualified for appointment?

Date: _____

Signature: _____

Please return completed application to: City Manager's office, 300 E. Central Ave., West Carrollton, OH 45449, fax to 859-3366 or email to frankin@westcarrollton.org