

# CITY OF CIRCLEVILLE

## Application for Appointment to City Board or Commission

Thank you for your interest in serving on a board or commission for the City of Circleville. Please indicate which board or commission you wish to be considered for. Complete a separate application if you are interested in more than one.

Planning and Zoning Commission (6 year)  
Civil Service Commission (3 year)  
Berger Hospital Board of Governors (4 year)  
Park Board (3 year)  
Tree Commission (2 or 3 year term)

Historic District Review Board (3 year)  
Pickaway County Health District Board (5 year)  
Records Commission (Indefinite)  
Pickaway County Housing Authority (5 year)

Full Legal Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Length of time you have lived in the City: \_\_\_\_\_

Are you a registered voter?    Yes    No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Have you ever been a member of any City board or commission, or employed by the City of Circleville?    Yes    No

If yes, in what capacity? \_\_\_\_\_

Is any person now employed by the City of Circleville related to you by blood or marriage?    Yes    No

If yes, list name and relationship: \_\_\_\_\_

List present membership in any community service or civic organization: \_\_\_\_\_

### QUALIFICATIONS:

Please explain why you want to be a board or commission member. Then describe your skills or experiences and how you will benefit the board or commission.

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Signature of Applicant

\_\_\_\_\_  
Date