# CITY OF CIRCLEVILLE

**Application for Appointment to City Board or Commission**

**Return Application to bshort@circlevilleoh.gov**

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)
___Board of Park Commissioners (3 year)
___Tax Incentive Review Council
___Historic District Review Board (3 year)
___Pickaway County Health District Board (5 year)
___Records Commission (Indefinite)
___Pickaway County Housing Authority (5 year)
___CRA Housing Council (3 years)

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 buy 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.

_____

_____

_____

_____

_____ _____

Signature of Applicant Date