Please submit application by mail, fax or email to: 320 West Central Avenue, Springboro, Ohio 45066
Phone: 937-748-4343 · Fax 937-748-0815
Email: boardsandcommissions@cityofspringboro.com

FOR OFFICE USE ONLY:
DATE RECV'D _____
COMMITTEE _____

SPRINGBORO

APPLICATION FOR CITIZEN BOARD OR COMMISSION

First Name		Last Name		Middle I.	
Address				Springboro OH	45066
Phone	Home:		E-mail (1)		
	Work:		(2)		
	Cell:				

How long have you been a resident of Springboro? _____ years Are you a registered voter? ☐

Committee Preference: (If you are interested in more than one committee, please prioritize.)
1) _____
2) _____

Professional Background/Relevant Experience: (You may attach a one-page resume or letter of interest.)

Volunteer Service History: (Please list all civic, community, etc. organizations to which you are or were a member and dates of service.)

Organization:	Dates of Service:

Statement of Interest: (Please tell us why you are interested in serving on a City Board or Commission.)

Community References:

(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)

Signature/Date _____