



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 REC'D _____
COMMITTEE _____

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					