



Town of Fort Mill

Application for Service on Town of Fort Mill
Board, Commission, or Committee



Applicant Information					
Name of Applicant:					
Street Address:					
City:		State:		Zip Code:	
Phone:	() -	Email:			
Do you live within town limits?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Years at current address:	
Educational Background:					
Current Occupation/Employer:					

Committee Information		
On which board, commission, or committee are you interested in serving? (Check all that apply.)	<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Stormwater Advisory Committee
	<input type="checkbox"/> Board of Zoning Appeals	<input type="checkbox"/> Hall of Fame Committee
	<input type="checkbox"/> Historic Review Board	<input type="checkbox"/> Parks & Recreation Committee
	<input type="checkbox"/> Building Code Board of Appeals	<input type="checkbox"/> Strawberry Festival Committee

Applicant Background	
Do you have any special training and/or experience that would qualify you for this position?	
Are you serving, or have you served, on any governmental board, commission or committee?	
How many hours are you willing to commit each month?	
Reason for interest:	

Demographic Information (Optional)			
Age:	<input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> Caucasian / White	<input type="checkbox"/> African-American / Black	<input type="checkbox"/> Native American
	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic (of any race)	<input type="checkbox"/> Two or more races

By submitting this form, I certify that all information included in this application is true and accurate:			
Sign/Type Name:		Date:	/ /

Return Completed Form To:

MAIL: Town of Fort Mill, Attn. Dennis Pieper, 112 Confederate Street, P.O. Box 159, Fort Mill, SC 29716

FAX: (803) 547-2126 E-MAIL: dpieper@fortmillsc.gov

Admin Use: Received: _____ Resident: <input type="checkbox"/> Y <input type="checkbox"/> N Ward: _____ Appointed To: _____ Appointment Date: _____
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