APPLICATION FOR BOARDS AND COMMISSIONS
CITY OF COLUMBIA
SOUTH CAROLINA

Click to Send Email

Board or Commission for which you are applying: Choose a Board/Committee		Area of knowledge as it pertains to this board/commission:	
Your Name (Last, First Middle)	County Richland	Council District: Choose a District	
Residential Address	City	State South Carolina	Zip Code
Mailing Address	City	State South Carolina	Zip Code
Your Occupation – Title	Business Phone	Residence/Mobile Phone	
Employer Name		E-Mail Address	
Employer Address	City	State	Zip Code

GENERAL QUALIFICATIONS

Are you a resident of the city? How long? Recommended by:

Yes ☐ No ☐

Why would you like to serve on this board or commission?

Do you presently serve on any Commissions / Boards of the City / County / State? If so, please list.

Have you formerly served on any Commissions / Boards of the City / County / State? If so, please list.

Are you currently in a position of responsibility with an organization or board that has received or is seeking funding from the City of Columbia? If so, list the position and date.

Please list any Community Activities that you are involved in.

What are your goals and objectives if appointed to the Commission / Board?

If appointed I am eligible to serve on no more than one (1) board/commission with a maximum of two (2) terms. I understand that this application will be on file for no longer than two (2) years.

Signature

Date

RETURN COMPLETED FORM TO:

City of Columbia
ATTN: Connie Lucius
Post Office Box 147
Columbia, SC 29217
Fax: (803) 988-8197

FOR OFFICE USE ONLY

Received:	
Appointed to:	
Date Approved:	
Term Dates:	