



APPLICATION FOR BOARDS AND COMMISSIONS
CITY OF FLORENCE
SOUTH CAROLINA

Board or Commission for which you are applying:			
Your Name (Last, First, Middle)		County	Council District
Residential Address		City	State South Carolina
			Zip Code
Mailing Address		City	State South Carolina
			Zip Code
Your Occupation - Title		Business Phone	Residence Phone
Employer Name		E-Mail Address	
Employer Address		City	State South Carolina
			Zip Code

General Qualifications

Are you a resident of the City? _____Yes _____No How Long? _____

Why would you like to serve?

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 Florence? If so, list the position and date:

Are you involved in any Community Activities? If so, please list:

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

I certify that the information above is true and correct. **Information on this form will be considered public information.**

Signature

Date

RETURN COMPLETED FORM TO:

Office of the City Clerk
 City of Florence, City County Complex AA,
 180 N. Irby Street, Florence, SC 29501
 Fax: 843-665-3110

FOR OFFICE USE ONLY

Received:	
Appointed to:	
Date:	