



SPRINGVILLE CITY CORPORATION
110 South Main Springville, Utah 84663
Tel: (801) 489-2700
Fax: (801) 491-7894

Boards and Commissions Application for Volunteer Position

Name Last First Middle

Present Address: Street City State Zip

Phone Number: Day: Evenings:

Email Address:

Position/Board Interested In:

Why do you want to serve on this board?

Currently, Employed? If so, where?

Generally, what education do you have:

Interests:

Skills/Background:

Days or Times Not Available:

If related to anyone employed by Springville City, please state their name and department:

I do hereby certify that all statements and representations made herein are accurate and correct to the best of my knowledge. I do hereby authorize Springville City to investigate and confirm any and all statements made herein. I do hereby release Springville City, its elected officials, officers, and employees from any liability relating to and regarding my application at Springville City.

Signature: Date:

Date Councilmember (Recommendation) Board/Commission

Date Director (Approval)