Town of Summerdale

Volunteer Application

We thank you for your interest in your community and we are excited to work with you.
We will hold this application and contact you when a board/committee position becomes available.

Name of applicant: _____

Address: _____

Phone number: _____

E-Mail Address: _____

I am at least 18 years of age: **Yes** **No**

Do you reside within the city limits/Jurisdiction? Circle one: **City Limits** **Jurisdiction**

Are you a member of any organizations or boards? _____

_____

_____

What are your experiences/interests/special skills that would help with community activities, committees?

_____

_____

_____

Signature: _____ Date: _____