

APPLICATION FOR SERVICE ON BOARD OR COMMISSION

Appointed by the Richland County Legislative Delegation

Appointment___ Reappointment___

NAME: _____

ADDRESS: _____ (Mailing) _____ (Street)

PHONE: _____ (Home) _____ (Work) _____ (Cell)

EDUCATION: _____

SEX: ___ RACE: _____ (This information helps insure appropriate representation)

PRESENT POSITION: _____

APPOINTMENT DESIRED: _____

SPECIAL EXPERIENCE, INTERESTS OR QUALIFICATIONS FOR DESIRED APPOINTMENT:

PRIVATE CLUBS OR ASSOCIATIONS:

AWARDS/HONORS:

OTHER INFORMATION:

Applicants Signature

Date (Information will remain confidential)

RETURN TO: Richland County Legislative Delegation
P. O. Box 192 Columbia, SC 29202

Questions: Contact Kim Janha
576-1907

For Office Use: Senator _____ Representative _____

Date Received _____