



Volunteer Application Form

Please fill out and return this form if you are interested in serving on a Town of Seabrook Island Board, Commission or Committee. Applications will be kept on file for a period of two years.

Applicant Information					
Name of Applicant:					
Home Address:					
City:		State:		Zip Code:	
Phone:	()	Email:			
Residency Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Years at current address:		
Educational Background:					
Current (Former) Occupation:					

Committee Information		
On which board, commission, or committee are you interested in serving? (Check all that apply)	<input type="checkbox"/> Accommodations Tax (ATAX) Advisory Committee <input type="checkbox"/> Board of Zoning Appeals	<input type="checkbox"/> Planning Commission <input type="checkbox"/> Public Safety Committee <input type="checkbox"/> Utility Commission

Applicant Background	
Do you have any special training or experience related to this position?	
Are you serving (or have you served) on any other <u>governmental</u> board?	
Are you currently serving on another <u>community or non-profit</u> board?	
# of hours available per month:	
Reason for interest:	

Demographic Information (OPTIONAL)			
Age:	<input type="checkbox"/> Under 35 <input type="checkbox"/> 35-49 <input type="checkbox"/> 50-64 <input type="checkbox"/> 65-79 <input type="checkbox"/> 80+	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> African-American / Black	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Caucasian / White
	<input type="checkbox"/> Hispanic (of any race)	<input type="checkbox"/> Native American	<input type="checkbox"/> Two or more races

By submitting this form, I acknowledge that all information included in this application is true and accurate:			
Sign or Type Name:		Date:	

Return by Email (Preferred)
kwatkins@townofseabrookisland.org

Drop Off or Return by Mail
 2001 Seabrook Island Road, Seabrook Island, SC 29455

ADMIN USE	Received: _____	Resident: <input type="checkbox"/> Y <input type="checkbox"/> N	Appointed To: _____	Appointed Date: _____
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