City of Trotwood, Ohio 3035 Olive Road, Trotwood, Ohio 45426

VOLUNTEER APPLICATION

Phone: (937) 854-7212 Fax: (937) 854-0574

□ Board of □ Civil Ser □ Commur □ Hospitali	Tax Appeals and Utility Board of Appe Zoning Appeals vice Commission hity Reinvestment Area Housing Counc ty Committee Tax Review Board	_ 	Parks and Recreation Planning Commission Property Maintenance Public Safety Committee Tree Preservation Boa	Appeals Board ee	
PLEASE PI	RINT		Application Date		
Name:			Date of Birth		
Home Phone: _	Business:		Cell:		
How long at this	Street Address address?	How lo	ng in Trotwood?	State Zip	
	SCHOOLS ATTENDED		Address	DIPLOMA/DEGREE	
High School					
College					
Other					
Scholastic Acti	vities:				
Community Involvement: Past:					
Present:					

1.	Why are you applying for this volunteer position?
2.	Why did you choose the City of Trotwood as your home?
3.	What local condition(s) do you feel should be addressed?
4.	What civic improvements would you recommend?
5.	Additional Information:

Feel free to attach your Resume and/or no more than two professional/personal references.

Questions? Please contact Kara Landis, Clerk of Council (937) 854-7212 phone; (937) 854-7228 fax; klandis@trotwood.org e-mail

ADDENDUM TO VOLUNTEER APPLICATION APPLICANT'S STATEMENT CITY OF TROTWOOD, OHIO

l,	(print first and last name), hereby acknowledge that				
I am voluntarily and	of my own free will applying to be a Volunteer with the City of Trotwood,				
Ohio. I acknowledge that the City of Trotwood will conduct a background screening process the purpose of evaluating my qualifications and/or suitability for an appointment which needs to be a suitability for a suitability for an appointment which needs to be a suitability for a suitability					
license records, employment, education, credit history, references, drug/alcoho					
other physical and/or mental assessments used to evaluate whether I am capable of perform					
•	the volunteer position for which I am applying. No screening procedures will				
	ompile or assess my genetic information or used for any discriminatory				
• •	I understand that any information that adversely reflects upon my suitability for a volunteer position with the City of Trotwood, Ohio, may be				
cause for disqualifica					
oudoo for aloqualii.es					
I certify that the ans	wers given herein are true and complete to the best of my knowledge and				
hereby authorize the	release of information to the City of Trotwood, Ohio, for the sole purpose of				
conducting my initia	I background investigation to determine my qualifications and/or suitability				
for a volunteer positi	on with the City of Trotwood, Ohio.				
Cianatura:	Date:				
Signature.	Date.				
	CITY OF TROTWOOD USE ONLY				
Application Received:					
Background:					
Interview Date:					
Ward:					
Interview Committee:					
Comments:					