

**AN OPPORTUNITY FOR CITIZEN INVOLVEMENT  
APPLICATION FOR SERVING ON  
Nimishillen Township Citizens Advisory Committee**



- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Home Phone \_\_\_\_\_
- Email \_\_\_\_\_
- Employer \_\_\_\_\_
- Work Phone \_\_\_\_\_
- Age \_\_\_\_\_
- Have you ever been an employee of Nimishillen Twp \_\_\_\_\_
- Are you a resident of Nimishillen Twp \_\_\_\_\_
- Are you a Nimishillen Township property owner \_\_\_\_\_
- How long have you been a resident of Nimishillen Twp \_\_\_\_\_
- The voting precinct you live in \_\_\_\_\_
- Can you regularly attend meetings \_\_\_\_\_
- Why do you want to serve on this committee? What suggestions, ideas, needs or areas of concern do you want to see addressed \_\_\_\_\_  
\_\_\_\_\_
- What would you contribute to the advisory committee \_\_\_\_\_  
\_\_\_\_\_
- How does your background/experience prepare you to serve on the advisory committee \_\_\_\_\_  
\_\_\_\_\_

Feel free to fax or email a resume or other information that you feel describes your background and skills that you would bring to this advisory committee.

- Will you be submitting additional information via fax, mail or email \_\_\_\_\_

**Fax: 330-875-7275      PO Box 181 Louisville, OH 44641**

**Email: [office@nimishillentownship.com](mailto:office@nimishillentownship.com)**

ALL STATEMENTS AND INFORMATION PROVIDED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**COMPENSATION**

Committee members are volunteers and shall serve without compensation of any kind. The Committee or its individual members shall incur no debt or other obligation on behalf of Nimishillen Township Board of Trustees. Nimishillen Township shall not be responsible for any liability of the Committee or its individual members.

**This application is subject to a personal interview by the Nimishillen Township Board of Trustees. Deadline to apply is December 1, 2006.**