



# **VOLUNTEER TO SERVE**

For the City of Springfield

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please review the following list and place a check mark beside the name of the Board/Committee(s) in which you are interested in serving on:*

**Ethics Committee**

**Historic Preservation**

**Planning & Zoning Board**

**Other Interest (Please describe)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this to:

City of Springfield  
PO Box 1  
Springfield, GA 31329

OR email to: [lrineair@cityofspringfield.com](mailto:lrineair@cityofspringfield.com)