



# Volunteer Form

## City of Springfield

130 S. Laurel Street  
PO Box 1  
Springfield, GA 31329  
(912) 754-7617

DATE \_\_\_\_\_

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

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list below any of the board or committees you would be interested in serving on:

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe why you are interested in serving, and what would make you a good candidate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return to: City of Springfield  
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Springfield, GA 31329