



CITY OF BOYNE CITY APPLICATION TO BECOME INVOLVED THROUGH VOLUNTEERING

Board(s)/Commission(s) on which you are interested in serving:

Name: _____

Address: _____

Occupation: _____ (if retired, please provide your career)

Telephone Number (Home): _____ (Work): _____

E-mail address: _____

Reason(s) you wish to serve: _____

Other community or civic service activities you participate in: _____

Signature: _____

Name (Printed): _____

Date: _____