



# Committee Application

315 South Lowry Street  
Smyrna, TN 37167  
(615) 459-2553

**PLEASE USE BLACK OR BLUE INK**

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

Committee(s) Requested: \_\_\_\_\_

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

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

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

Registered Voter? Yes or No                      Years of residency in Smyrna: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Workplace: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Business Phone: \_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

Past/Current Community Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Organizations: \_\_\_\_\_

\_\_\_\_\_

Explain why you would like to serve on this committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know of any potential conflicts: \_\_\_\_\_

***Return form to the Town Manager's office.***