



SYCAMORE ADVISORY COMMISSION MEMBERSHIP APPLICATION

Please return application to Sycamore Community Schools' District Offices
at 5959 Hagewa Drive, Cincinnati, Ohio 45242 - Attention: Sycamore Advisory Commission

- Member at-Large
 School/Community Affiliated Member, Group Represented: _____

Name: _____

Address: _____

_____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

How long have you lived in the district? _____

If you don't live in the district, please provide your work address: _____

Do you have children in school? Yes: ____ No: ____ If yes, give ages and school attended:

Have you previously applied to the Sycamore Planning Commission or Sycamore Advisory Commission? Yes: ____ No: ____

Are you a former member? Yes: ____ No: ____

FOR MEMBER AT-LARGE APPLICANTS ONLY:

COMMUNITY ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED:

REASONS YOU WOULD LIKE TO SERVE ON THE SYCAMORE ADVISORY COMMISSION:

STRENGTHS OR SKILLS THAT YOU FEEL WOULD ADD VALUE TO THE SYCAMORE ADVISORY COMMISSION:

I understand that the term of a Sycamore Advisory Commission Member is one year. If selected to serve, I agree to attend monthly meetings and work on a subcommittee. Applications will be kept on file through the following school year in case vacancies occur.

Signature

Date