

**City of Mentor**  
**Application for Board/Commission Appointment/Reappointment**

Name (as appears w/ the Board of Elections): \_\_\_\_\_

Address: \_\_\_\_\_ Mentor, Ohio 44060

Phone:    H: \_\_\_\_\_                      W: \_\_\_\_\_  
              C: \_\_\_\_\_

Email: \_\_\_\_\_ Registered Voter:    Yes      No

Have you ever been convicted of a felony:              Yes              No

Name of Board(s) and/or Commission(s) applying for: \_\_\_\_\_

\_\_\_\_\_

Term Expiration Date(s) of Board/Commission applying for: \_\_\_\_\_

\_\_\_\_\_

Education/Experience as it relates to position(s) desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form with resume' to [schiavoni@cityofmentor.com](mailto:schiavoni@cityofmentor.com) or 8500 Civic Center Blvd. Attn: Council Office.