Harrison Township
5945 N. Dixie Drive
Dayton, OH 45414
937-890-5611
www.harrisontownship.org

The Harrison Township Board of Trustees is seeking qualified candidates to fill an opening on the Zoning Commission (ZC). In order to qualify for the opening, you must be 18 years old, reside in the township and be a qualified elector.

Interested persons must submit this form along with a cover letter and resume. You may submit your interest in the opening by email to shill@harrisontownship.org, mailed or dropped off at the Harrison Township Government Center, 5945 N. Dixie Drive, Dayton, Ohio 45414.

Board Overview

The Zoning Commission is a 5-member board which makes recommendations to the Township concerning changes to the Zoning Resolution. The Zoning Commission members review any proposed amendments to the Township's Zoning Resolution and make recommendations to the Board of Trustees. Amendments can be proposed by the Zoning Department, by citizens, or by the Zoning Commission itself. All Zoning Commission recommendations are made during public hearings, with public notice required to make citizens aware of potential action. The Township Board of Trustees must vote to approve any changes proposed by the Zoning Commission.

All ZC meetings are public meetings and records of all proceedings are kept and made available for public inspection. ZC meetings are held at 7:00 p.m. on the third Thursday of every month at the Harrison Township Government Center, 5945 North Dixie Drive, Dayton, OH 45414, if there is a case to be heard.

BOARD APPLYING FOR: **DATE APPLIED:**

Last Name First Name Middle Name

Address City State Zip Code

Phone Number Email Address

COMMUNITY INVOLVEMENT

Please list all civic, community, or non-profit organizations to which you have belonged or currently do belong, and your dates of service.

STATEMENT OF INTEREST

Please tell us why you are interested in serving on this board.

REQUIREMENTS AND APPLICANT STATEMENT

Are you at least 18 years of age? ☐ **Yes** ☐ **No**

Do you currently reside in Harrison Township ☐ **Yes** ☐ **No**

How long have you been a resident of Harrison Township? _____Months _____Years

Are you a registered voter? ☐ **Yes** ☐ **No**

Are you willing to sign a release to allow Harrison Township to perform a background screening and criminal records check? ☐ **Yes** ☐ **No**

I certify that all the information furnished in this application and its addenda are true and complete to the best of my knowledge. I understand that Harrison Township may investigate the information I have furnished, and I realize that any omissions, misrepresentation, or false information in this application and/or its addenda may lead to revocation of any volunteer appointment.

I hereby acknowledge that I, voluntarily and of my own free will, have applied for a volunteer position with Harrison Township with the understanding that the Township may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures might include, but are not limited to, interviews, criminal record checks, driving records checks and reference checks. I also acknowledge that any such screening procedures, as reasonably required by Harrison Township, are prerequisites to my appointment to a volunteer position with Harrison Township.

In addition, I also hereby understand that Harrison Township cannot guarantee the confidentiality of the results of, or information obtained through the aforementioned screening procedures. Decisions of the Ohio Supreme Court regarding the Ohio Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable time. Additionally, all information furnished in this application is subject to disclosure under the Ohio Public Records Act.

Therefore, in consideration of my application being reviewed by the Harrison Township, under no legal disability, and on behalf of my heirs and assigns, hereby release and agree to hold harmless Harrison Township and any of its agents, employees, or related officials from any and all liability, whatever the type and nature resulting from the administration of any such screening procedures and/or release of the results therefrom.

_____ _____

Signature Date

For Administrative Use:
Applicant Interview Date/Time: _____
Application Status: _____