



CITY OF CHARLEVOIX VOLUNTEER BOARDS AND COMMITTEES APPLICATION

Thank you for your interest in serving on a volunteer board, commission or committee. The purpose of this form is to provide the Mayor and City Council members with some information about residents considered for appointment. Your application will be kept active for six months and you will be contacted if you are chosen to serve.

<input type="checkbox"/> BOARD OF REVIEW	<input type="checkbox"/> HOUSING COMMISSION	<input type="checkbox"/> ZONING BOARD OF APPEALS
<input type="checkbox"/> COMPENSATION COMMISSION	<input type="checkbox"/> PLANNING COMMISSION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> DDA/MAIN STREET BOARD	<input type="checkbox"/> RECREATION ADVISORY COMMITTEE	<input type="checkbox"/> NO PREFERENCE
<input type="checkbox"/> HISTORIC DISTRICT COMMISSION	<input type="checkbox"/> SHADE TREE & PARK COMMISSION	

PLEASE PRINT

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

ARE YOU A REGISTERED VOTER IN THE CITY? _____ HOW LONG HAVE YOU LIVED IN THE CITY? _____

EDUCATIONAL BACKGROUND: _____

PROFESSIONAL QUALIFICATIONS AND/OR WORK EXPERIENCE: _____

COMMUNITY ACTIVITIES AND/OR OTHER EXPERIENCE: _____

HAVE YOU SERVED ON A BOARD/COMMITTEE OR HELD A CIVIC POSITION IN THE PAST? IF YES, PLEASE EXPLAIN: _____

DO YOU FORESEE ANY POTENTIAL CONFLICTS OF INTEREST WHILE EXECUTING THE DUTIES OF THIS POSITION? IF YES, PLEASE EXPLAIN: _____

REASON(S) YOU WISH TO SERVE: _____

HAVE YOU REVIEWED THE CURRENT MEETING SCHEDULE OF THE BOARD/COMMITTEE AND CAN COMMIT TO REGULAR MEETING ATTENDANCE? _____

SIGNATURE: _____ **DATE:** _____