

APPLICATION TO SERVE ON A BOARD OR COMMISSION

A separate application is required for each board or commission you wish to be considered for appointment. Applications remain active for one year from the date of submittal. Resumes are encouraged and may be attached to your application.

Name of Board or Commission for which you are applying:	
Name:	
Home Address:	Work Address:
Home Phone:	Work Phone:
Cell Phone:	Email:
Please note your preferred method(s) to be contacted:	
Residency is required for most boards and commissions. □I am a resident. If so, for how many years?	
Describe any experiences that led to your desire to serve the community.	
Provide a brief biography including your skills, background and expertise, as well as involvement in the community, professional or other nonprofit organizations that are specifically applicable to this board or commission.	

Employment: List your three most recent employment experiences. **Dates of Employment** Company Name/Location Position **Job Description Education:** List your most recent educational experiences. **Educational Institution/School Certificate/Degree Received** Area(s) of Study Supplemental Information: Please review the document "Planning Commission, Zoning Board of Appeals & Downtown Development Authority Board Roles, Responsibilities and the Appointment Application Process" for more information about the various boards and commission. Initial here to indicate that you have read the document and understand the time commitment necessary to serve on a board or commission. Some boards and commissions are a mix of citizens with certain qualifications and others are citizens representing the general public. Everyone is encouraged to apply as the community needs citizens with diverse backgrounds on its boards and commissions. Important Public Records Information: All information submitted in this application is public information and subject to disclosure in response to a public records request made pursuant to the Freedom of Information Act. Please contact the Township Clerk at (269) 381-2360 if you have any questions or concerns about the disclosure of specific information. Truth and Accuracy: I certify that the information contained on this form is accurate and complete to the best of my knowledge. I understand that the information disclosed on this form will be publicly available as part of a Freedom of Information Act request. **Applicant Signature** Date Return completed forms to: Comstock Township Supervisor (or, drop it off at the Township Hall) PO Box 449

Comstock, MI 49041