

# CITY OF CHEBOYGAN, MICHIGAN BOARD AND COMMISSION APPLICATION

1. On which Board or Commission would you like to serve? List in order of preference.

A. \_\_\_\_\_

B. \_\_\_\_\_

2. Name: \_\_\_\_\_

*(First)*

*(Middle)*

*(Last)*

3. Home Address: \_\_\_\_\_

*(Street Address)*

*(City)*

*(Zip Code)*

4. City Resident: Yes \_\_\_\_\_ No \_\_\_\_\_

5. Employment: \_\_\_\_\_

*(Name of Employer)*

\_\_\_\_\_  
*(Street Address)*

*(City)*

*(State)*

*(Zip Code)*

6. Occupation: \_\_\_\_\_ 7. Business Telephone No: \_\_\_\_\_

8a. E-Mail Address: \_\_\_\_\_ 8b. Cell Phone: \_\_\_\_\_

9. Please indicate any information (experience, education, community activities, organizations, etc.) which you think should be considered for your appointment to a Board or Commission. Use additional paper and include a resume if you wish.

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10. Are there any reasons you may have a conflict of interest if you were appointed to a Board or Commission listed above? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain.

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11. Will you be able to attend regular evening meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

12. References (Non-Family)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

13. \_\_\_\_\_

*(Signature of Applicant)*

*(Date)*