APPLICATION TO SERVE ON A BOARD, COMMISSION OR COMMITTEE

A separate application is required for each board, commission or committee 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, Commission or Committee 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 (not necessarily committees). ☐ 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, commission or committee.

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 those boards and commissions. **Initial here to indicate that you have read the document and understand the time commitment necessary to serve on a board or commission (if applicable). _____**

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 Clerk (or, drop it off at the Township Hall)
                                                  PO Box 449
                                                  Comstock, MI 49041