



12 N. Charles PO Box 607 White Cloud, MI 49349 (231) 689-1194

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Which Committee/Commission are you applying for?

- |  |   |
|--|---|
| <input type="checkbox"/> Zoning Board of Appeals | <input type="checkbox"/> Cemetery Board               |
| <input type="checkbox"/> Planning Commission     | <input type="checkbox"/> Marihuana Licensing Board    |
| <input type="checkbox"/> Tax Board of Review     | <input type="checkbox"/> Parks & Recreation Committee |
| <input type="checkbox"/> Other _____             | <input type="checkbox"/> _____                        |

State your interest, experience and/or education that would relate to serving on the above named board, committee, or commission:

\_\_\_\_\_

-

\_\_\_\_\_

-

\_\_\_\_\_

-

\_\_\_\_\_

Why are you interested in serving on this Commission/Committee? Are there current events that have spurred your interest?

\_\_\_\_\_

-

\_\_\_\_\_

-

\_\_\_\_\_

-

\_\_\_\_\_

Current Employer/Recent Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Education/School: \_\_\_\_\_ Degree/Cert Received: \_\_\_\_\_

AVAILABILITY:

Among other things, the amount of time you will be available of the activities of a Board or Commission is very important. Will you be able to attend:

EVENING MEETINGS:     Once per month     Twice per month     Once per week

DAYTIME MEETINGS:     Mornings     Afternoons     All day

I certify that the information contained on this form is accurate, true and complete to the best of knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please remit form to:  
April Storms, City Manager  
12 N. Charles  
PO Box 607  
White Cloud, MI 49349

[citymanager@cityofwhitecloud.org](mailto:citymanager@cityofwhitecloud.org)