

City of Charlevoix

Application for Volunteer Boards and Advisory Committees

Date: _____

- | | | |
|--------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Historic District Commission | |
| <input type="checkbox"/> Board of Review | <input type="checkbox"/> Downtown Development Authority | |
| <input type="checkbox"/> Zoning Board of Appeals | <input type="checkbox"/> Shade Tree Commission | <input type="checkbox"/> Historic District Study |
| <input type="checkbox"/> Housing Commission | <input type="checkbox"/> Compensation Commission | <input type="checkbox"/> No Preference |

Name: _____

Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Business Phone: _____ May we call you there? _____

Describe the reasons you are interested in this position: _____

Describe any background, experience and interests that you have which may assist you in performing the responsibilities of this appointment:

Occupation: _____

Education: _____

Experience: _____

(Please attach a detailed resume if desired)

Have you served on any previous boards or in any governmental positions in the past: If yes, please explain: _____

Are you available for night meetings? _____ Daytime meetings? _____

Do you foresee any potential conflicts of interest that you might have in executing the duties of this appointed position? If yes, please explain: _____

If a conflict of interest arose for you, how would you deal with it as an appointed member of this board?

Please return this application to the City of Charlevoix Offices. It can be returned in person, by mail to 210 State Street, Charlevoix, MI 49720, by fax to 231.547.3617 or by email to mgr@cityofcharlevoix.org