CHEBOYGAN COUNTY
BOARD AND COMMISSION APPLICATION

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

   A._____

   B._____

   C._____

2. Name:_____
   (First) ***(Middle)*** ***(Last)***

3. Home Address:_____
   (Street Address) ***(City)*** ***(Zip Code)***

4. County Resident: Yes _____ No _____ 5. Home Phone: _____

6. Cell Phone: _____ 7. Email Address: _____

8. Employment:_____
   (Name of Employer)

   _____
   (Street Address) ***(City)*** ***(State)*** ***(Zip Code)***

9. Occupation: _____ 10. Business Phone: _____

11. 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.)

    _____

    _____

    _____

    _____

12. 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:

    _____

13. Will you be able to attend regular meetings? Yes _____ No _____

14. References (Non-Family)

    Name: _____ Phone: _____

    Name: _____ Phone: _____

15. _____ _____
    (Signature of Applicant) ***(Date)***

NOTE: Applications will be kept on file for a period of three (3) years.