

**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.