

## **Chippewa County**

## APPLICATION FOR CHIPPEWA COUNTY BOARDS, AGENCIES, OR COMMITTEE

**INSTRUCTIONS**: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

	a County Administrator's Office, 319 Court Street, Sault Ste. Marie, MI
9783 or via e-mail kchurch@chippewacountymi.go	ov
Last Name	First Name
	Commissioner District You Live In
	ttees meet at times mutually satisfactory to the members. ning meetings. Will you be able to schedule your time
accordingly.	
Please list any time restrictions	,
Please list any time restrictions	
Please list any time restrictions	
Please list any time restrictions	
Please list any time restrictions  What are your principal areas of interest	in County Government?
Please list any time restrictions  What are your principal areas of interest	
Please list any time restrictions  What are your principal areas of interest  List all County Boards, Commissions or Commissio	in County Government?  Committees of which you are a current member.
Please list any time restrictions  What are your principal areas of interest  List all County Boards, Commissions or Commissio	in County Government?  Committees of which you are a current member.
Please list any time restrictions  What are your principal areas of interest  List all County Boards, Commissions or Commissio	in County Government?  Committees of which you are a current member.
Please list any time restrictions  What are your principal areas of interest  List all County Boards, Commissions or Committee Name	in County Government?  Committees of which you are a current member.
Please list any time restrictions  What are your principal areas of interest  List all County Boards, Commissions or Committee Name  List past County appointments with dates	in County Government?  Committees of which you are a current member.  Date Appointed

## **CONTACT INFORMATION**

Note: Personal information may be withheld from public view as allowed by law.

Last Name	First Name			
Name of Board, Committee, or Commission to Which You are Applying for Membership			Commissioner District You Live In	
Home Street Address	City	State	Zip	
Mailing Address (if different than home address)	City	State	Zip	
Business Street Address	City	State	Zip	
Home Phone #	Business Phone #		_	
Mobile Phone #	Fax#			
E-Mail Address				
Below are the Committees, boards and commission	ner which appointments	are made.		
<ul> <li>Allocation Board</li> <li>Building Code of Appeals</li> <li>Department of Veterans Affairs</li> <li>EUP Transportation Authority</li> <li>Hiawatha Behavioral Health Authority</li> <li>Jury Commission Party Affiliation:</li> </ul>	•	Building Authority Department of Health and E 9-1-1 Central Dispatch Economic Development Co Superior District Library Co Recycling Committee	orporation ommittee	
<ul><li>EUP Regional Planning-Township Representative</li><li>Substance Use Disorder Policy Board</li></ul>		<ul><li>Chippewa County Road Commission</li><li>U.P. State Fair Board</li></ul>		

- Please note the per the State of Michigan Constitution Article XI Section 1 Oath of public officers. If you are appointed to any of the above, you will be required to take the "Oath of Office" with the County Clerk, prior to your first official meeting.
- \* If seeking appointment to Jury Commission please fill-in party affiliation.

## STATEMENT OF OCCUPATIONAL EXPERIENCE

Current Employer		
Job Title		Length of Employment
Previous Employers	Position Title	Length of Employment
What experience or special k	nowledge can you bring to your ar	rea(s) of interest?
Please list community organi	zations to which you belong:	
	ntees from participating in and voting on m ny potential conflicts of Interest? If yes, ple	atters in which they may have a direct or indirect ease provide an explanation.
Have you been convicted of a felony of	or misdemeanor within the last seven years?	If yes, please describe.
y signing below, I declare that nowledge.	the information provided above is ac	ecurate and complete to the best of my
Applicant's Signature		