



BOARD AND COMMISSION APPLICATION

1. On which Board or Commission would you like to serve?

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

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

4. City Resident: Yes _____ No _____ 5. Neighborhood: _____

6. Home Phone: _____ 7. E-mail Address: _____

8. Occupation: _____ 9. Employer: _____

(Employer 's Street Address) (City) (State) (Zip Code)

10. Business Phone No: _____ 11. Home/Business Fax: _____

12. How would you prefer to receive communications from the city (fax, e-mail, home/business phone, etc.)? _____

13. 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.

14. 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.

15. References (Non-Family)

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

16. _____ (Signature of Applicant) _____ (Date)

OPTIONAL INFORMATION

The following Affirmative Action and Equal Opportunity information is requested to help determine whether application information for City Boards and Commissions is reaching all segments of the community. Provision of the following information is optional, and you will not be penalized if you do not complete this section. Please check as appropriate.

GENDER	RACE OR ETHNIC BACKGROUND	AGE
<input type="checkbox"/> Female	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> 16-21 years
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> 22-34 years
	<input type="checkbox"/> Asian	<input type="checkbox"/> 35-44 years
DISABLED	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> 45-54 years
<input type="checkbox"/> Yes	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> 54-64 years
<input type="checkbox"/> No	<input type="checkbox"/> White	<input type="checkbox"/> 64+ years

Please return your application to:

City Clerk's Office
241 W. South Street
Kalamazoo, MI 49007

Fax: (269) 337-8494

How did you learn about the Board and Commission position? _____

Are you currently serving as an appointee to any other City of Kalamazoo Board/Commission?

Yes _____ No _____ If yes, which Board/Commission?

Thank you for your interest in serving the City of Kalamazoo.

For further information, call the Clerk's Office at (269) 337-8792 or email cokcityclerk@kalamazoocity.org.

For office use only:

Date Received in Clerk's Office: _____

Date Distributed: _____

Distributed to: _____

Disposition: _____