

APPLICATION – DELTA COUNTY BOARD/COMMITTEES

DATE:

NAME:

ADDRESS:

OCCUPATION:

AGE (answer is voluntary):

HOME TELEPHONE:

BUSINESS TELEPHONE:

BOARD/COMMITTEE APPLYING FOR:

If applying for more than one Board or Committee list order of preference:

- 1.
- 2.
- 3.

What other boards or commissions have you served?

Could you regularly attend scheduled board or committee meetings: Yes No

Time Conflicts:

Why do you wish appointment to this board/committee?

What are your qualifications/credentials for appointment?

What is your understanding of the mission of this board/committee?

References (list names, addresses and telephone numbers)

- 1.
- 2.
- 3.

Signature _____

Mail to:

Nancy J. Kolich, Delta County Clerk
310 Ludington Street
Escanaba, MI 49829 789-5105