



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)

Please note that this application is a public record subject to disclosure. This application will be maintained for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Chippewa County Administrator's Office, 319 Court Street, Sault Ste. Marie, MI 49783 or via e-mail kchurch@chippewacountymi.gov

_____	_____
<i>Last Name</i>	<i>First Name</i>
_____	_____
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Commissioner District You Live In</i>

County boards, commissions, and committees meet at times mutually satisfactory to the members.

Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? Yes No

Please list any time restrictions

What are your principal areas of interest in County Government?

List all County Boards, Commissions or Committees of which you are a current member.

<i>Committee Name</i>	<i>Date Appointed</i>
_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

<i>Committee/Organization Name</i>	<i>Dates Served</i>
_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What experience or special knowledge can you bring to your area(s) of interest?

Please list community organizations to which you belong:

Personal:

Rules of law and ethics prohibit appointees from participating in and voting on matters in which they may have a direct or indirect financial interest. Are you aware of any potential conflicts of Interest? If yes, please provide and explanation.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Applicant's Signature

Date

CONTACT INFORMATION

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

<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Commissioner District You Live In</i>

<hr/> <i>Home Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Mailing Address (if different than home address)</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Business Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>Mobile Phone #</i>	<hr/> <i>Fax #</i>		
<hr/> <i>E-Mail Address</i>			

Below are the Committees, boards and commissioner which appointments are made.

- Allocation Board
- Building Authority
- Building Code of Appeals
- Concealed Weapons Licensing Board
- Department of Health and Human Services
- Department of Veterans Affairs
- Superior District Library Committee
- Economic Development Corporation
- Office of Emergency Services
- EUP Transportation Authority
- Hiawatha Behavioral Health Authority
- Joint Building Authority
- Jury Commission
- Recycling Committee
- EUP Regional Planning
 - Township Representative
- Chippewa County Road Commission
- Substance Use Disorder Policy Board
- U.P. State Fair Board
- War Memorial Hospital Board of Trustees