



CITY OF DEWITT
414 East Main Street
DeWitt, MI 48820
Phone: 517 669-2441 Fax: 517 669-8211
www.dewittmi.org

AN APPLICATION TO BECOME INVOLVED IN YOUR COMMUNITY BY SERVING ON A CITY BOARD, COMMISSION OR COMMITTEE

Thank you for considering serving your community. Your willingness to serve is greatly appreciated because our city needs people like you to continue to keep DeWitt a fine community in which to live. The purpose of this form is to provide basic reference data and information pertaining to any resident being considered for appointment to a City board, commission or committee.

To assist the City in making the best match between boards and members, we would appreciate you completing the following questionnaire. Please respond by printing or typing your answers. When you have completed the application, please return it to the City Clerk's Office at the above address. For additional space, feel free to use the reverse side or attach additional pages, if necessary.

Name: _____ Maiden Name or Nickname: _____

Home Address: _____

Phone #: Home: _____ Work: _____ Cell: _____

E-mail: _____ State/Drivers License #: _____

How Long Have You Been A City Resident? : _____ Date of Birth: _____

City meeting dates are available for viewing on the City's website. Have you reviewed the meeting schedules and determined that you can commit to regular meeting attendance and participation? (Y/N) ____
 If so, please indicate your choices in order of preference with number "1" representing your first choice, number "2" representing your second choice, etc.

- ___ Board of Review (3 Members – meets in March, July and December)
- ___ Downtown Development Authority (9 Members/4 Year Terms – meets monthly)
- ___ Planning Commission (9 Members/3 Year Terms – meets monthly)
- ___ Parks, Recreation & Cemetery Commission (7 Members/3 Year Terms – meets bi-monthly)
- ___ Sister City Board (5 Members/10 Associate Members – meets quarterly)
- ___ Citizen of the Year Committee (5 Members/3 Year Terms – meets in April)
- ___ Building Authority (5 Members/3 Year Terms – meets as needed)
- ___ Construction Board of Appeals (5 Members/4 Year Terms – meets as needed)
- ___ Cable Commission (7 Members/3 Year Terms – meets as needed)
- ___ DeWitt Area Recreation Authority (3 City Residents – meets monthly)
- ___ District Library Board (3 City Residents/4 Year Terms – meets monthly)
- ___ DeWitt Area Emergency Services Authority (2 City Residents – meets monthly)
- ___ Tree Commission (5 Members/3 Year Terms – meets bi-monthly)
- ___ Local Officers Compensation Commission (5 Members/5 Year Terms – meets bi-annually)

EMPLOYMENT INFORMATION: Please indicate your current (or most recent) employer, business address, phone #, your position and your duties/responsibilities (if retired, please provide your career):

EDUCATIONAL BACKGROUND (include highest grade completed or degrees held) _____

EXPERIENCE (Professional/Volunteer): Please list any prior professional or volunteer experience (City boards, churches, civic or community groups, memberships, associations, offices held, honors, etc.). Attach resume or additional page if necessary. _____

REASONS FOR SEEKING APPOINTMENT (qualifications, areas of interest, goals, special skills, training, etc.) _____

CONFLICT OF INTEREST: Are there any reasons you may have a conflict of interest if you were appointed to a Board, Committee or Commission listed above? (Y/N) _____ If yes, please explain:

Additional information you wish to include: _____

REFERENCES (On a separate sheet, please list three non-family members, address and phone numbers)

If you have any questions regarding this process, please contact the City Clerk’s Office at 517 669-2441. It is the policy of the City of DeWitt to consider all applications without regard to race, religion, color, sex, age, marital status, national origin, or disability. Applications are kept for one year from the date submitted and are open for public inspection, upon request.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application. I have read, understand, and by my signature consent to these statements.

SIGNATURE: _____

DATE: _____