



CITY OF OAK PARK BOARDS & COMMISSIONS APPLICATION

Please complete, sign and date application form and return to:
City Clerk's Office
Attn: Boards & Commissions
14000 Oak Park Boulevard
Oak Park, MI 48237-2082
Fax: (248) 691-7167 Office: (248) 691-7544
Email: cbrown@ci.oak-park.mi.us

Review the list of Boards and Commissions below and determine your top 3 choices (confirm your preferences by placing a "1", "2" or "3" after the title of the Board or Commission in the space provided). Every effort will be made to accommodate your first three preferences. However, vacancies vary, and demand for some boards may be higher than others so some degree of flexibility is necessary.

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|--|--|---|
| <input type="checkbox"/> Arts & Cultural Commission _____ | <input type="checkbox"/> Economic Dev. Corp /Brownfield Red. Auth. _____ | <input type="checkbox"/> Local Officers Compensation Comm. _____ |
| <input type="checkbox"/> Beautification Advisory Commission _____ | <input type="checkbox"/> Election Commission _____ | <input type="checkbox"/> Municipal Building Authority _____ |
| <input type="checkbox"/> Board of Review _____ | <input type="checkbox"/> Emergency Services Council _____ | <input type="checkbox"/> Planning Commission _____ |
| <input type="checkbox"/> Board of Trustees (Emp. Retirement Sys) _____ | <input type="checkbox"/> Ethnic Advisory Commission _____ | <input type="checkbox"/> Recreation Advisory Board _____ |
| <input type="checkbox"/> Building Board of Appeals _____ | <input type="checkbox"/> Independence Day Commission _____ | <input type="checkbox"/> Recycling & Environmental Commission _____ |
| <input type="checkbox"/> Communications Commission _____ | <input type="checkbox"/> Library Board _____ | <input type="checkbox"/> Zoning Board of Appeals _____ |
| <input type="checkbox"/> Corridor Improvement Authority _____ | | |

APPLICANT INFORMATION (Please type or print answers to all questions):

Name: _____

Current Address: _____
Street City Zip

Email Address: _____

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

Date Residency Established: _____ Have you ever served on a Board or Commission in another City? Yes No

If yes, please indicate what City and the Board or Commission: _____

Employer Name: _____ Occupation: _____

Professional Qualifications and/or Work Experience: _____

Educational Background: _____

Community Activities and/or Other Experience: _____

ACKNOWLEDGMENT:

Because serving on a Board or Commission requires a substantial commitment of time, effort and scheduling on the part of the members, we ask that you carefully consider your schedule before pursuing appointment to a Board or Commission and that by signing below you are confirming your willingness to make a concerted effort to attend every meeting and to fulfill your duties and responsibilities as a member. All information submitted in this application is public information and subject to disclosure in response to a public records request made pursuant to the Freedom of Information Act.

Signature: _____ Date: _____

(City Clerk's Office Use Only Below this Line)

Date Received: _____
Signed Acknowledgement: Yes No
Term Ending: _____
Staff Liaison: _____

Interview Date: _____
Board or Commission: _____
Letter Sent: Yes No / Date _____
Liaison Notified: Yes No / Date: _____

Council Meeting Date: _____
Appointed: Yes No
Motion Number: _____