GAINES CHARTER TOWNSHIP

TOWNSHIP SUPERVISOR
8555 Kalamazoo Ave., SE
Caledonia, MI 49316
(616) 698-6640
(RETURN APPLICATION TO THE ABOVE ADDRESS)

APPLICATION FOR BOARDS AND COMMITTEES

Thank you for your interest in serving on an Advisory Board or Committee. The purpose of this form is to provide the Township Board with basic information about residents considered for appointment.

NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PHONE: _____ **Email:** _____

How long have you lived continuously in Gaines Charter Township? _____ **YEARS/MONTHS**

Are you a registered voter in Gaines Charter Township? ☐ **YES** ☐ **NO**

Are you related to an elected official or employee of Gaines Charter Township? ☐ **YES** ☐ **NO**

Insert your relationship to elected official or employee _____

Have you ever been convicted for anything other than a minor traffic violation? ☐ **YES** ☐ **NO**

Select from the following listing of boards/committees for which you would like to apply for:

☐ **PLANNING COMMISSION**

☐ **PERSONNEL COMMITTEE**

☐ **PARKS & RECREATION COMMITTEE**

☐ **BUILDING & GROUNDS COMMITTEE**

☐ **WATER & SEWER ADVISORY COMMITTEE**

☐ **LIQUOR CONTROL ENFORCEMENT**

☐ **BOARD OF REVIEW**

☐ **ZONING BOARD OF APPEALS**

☐ **CUTLERVILLE FIRE BOARD**

☐ **DUTTON FIRE COMMITTEE**

☐ **BYRON-GAINES UTILITY AUTHORITY**

☐ **DIVISION AVENUE CORRIDOR IMPROVEMENT AUTHORITY**

PROFESSIONAL QUALIFICATIONS AND/OR WORK EXPERIENCE

_____

COMMUNITY ACTIVITIES AND/OR OTHER EXPERIENCE

_____

EDUCATIONAL BACKGROUND:

_____

REFERENCES (NAME/ADDRESS/PHONE):

1. _____
2. _____
3. _____

INDICATE REASON FOR DESIRING TO SERVE:

_____

Applicant's Signature:_____

FOR OFFICE USE ONLY

Date: _____

☐ Voter Status Confirmed

☐ Confirmed compliance with applicable federal, state and local statutes

Confirmed by: _____