

TOWNSHIP OF ARCADIA
PO. BOX 318
ARCADIA, MICHIGAN 49613

APPLICATION FOR APPOINTMENT

Thank you for your interest in serving the community by volunteering for appointment to a committee, board or commission. Please provide all of the requested information in addition to any other information you think appropriate for the Arcadia Township Supervisor, Township Board or Commission to consider.

POSITION APPLIED FOR: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAILADDRESS: _____

Are you a registered voter in Arcadia Township? _____

How many months of the year do you reside in Arcadia Township? _____

Do you anticipate being able to attend all of the scheduled meetings for this position? _____

If appointed to this position, what do you hope to accomplish for Arcadia?

Please state your reason(s) for applying for this position and include any experience or educational background you think applicable. (Attach any additional information pertinent to this application.)

Signature _____ Date _____

You will be contacted as to the date and time that this appointment is considered. You may be requested to read your responses from this form and may be asked additional questions by the Township Board members.

If this position is not available at this time. Would you consider discussing other opportunities to serve our Community?
