

**CITY OF DEWITT**  
**414 EAST MAIN STREET**  
**DEWITT MI 48820**  
**Phone: 517-669-2441**  
[www.dewittmi.gov](http://www.dewittmi.gov)  
[info@dewittmi.gov](mailto:info@dewittmi.gov)

**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: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

How long have you been a City resident? \_\_\_\_\_ Are you over 18 years of age? Y N

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 the number "1" representing your first choice, the number "2" your second choice, etc.

- \_\_\_\_\_ Board of Review (3 members – Meets in March, July & December)
- \_\_\_\_\_ Downtown Development Authority (9 members-4 year term-meets monthly)
- \_\_\_\_\_ Planning Commission (7 members/3-year term – meets monthly)
- \_\_\_\_\_ Parks, Recreation, Cemetery & Tree Commission (5 members-3 year term-meets bi-monthly)
- \_\_\_\_\_ Sister City Board (5 members/10 Associate Members – meet quarterly)
- \_\_\_\_\_ Construction Board of Appeal (5 members/4-year terms – meet as needed)
- \_\_\_\_\_ Cable Commission (7 member/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)
- \_\_\_\_\_ Local Officers Compensation Commission (5 members/5-year terms – meets bi-annually)
- \_\_\_\_\_ Public Arts Commission (3 Members/4-year terms – meets as needed)

**Employment Information:** Please indicate your current (or most recent) employer, business address, phone#, position, and your duties/responsibilities (if retired, please provide your prior career).

**Educational Background:** Please include the 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 or N If yes, please explain:

**Additional Information you wish to include:**

**References:** On a separate sheet, please list three non-family members, addresses, 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: \_\_\_\_\_