

**CITY OF MOUNT CLEMENS**

One Crocker Boulevard  
Mount Clemens, Michigan 48043

**APPLICATION FOR APPOINTMENT TO CITY BOARDS AND COMMITTEES**

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number/Street City / Zip Telephone

EMAIL ADDRESS \_\_\_\_\_

LENGTH OF TIME YOU HAVE LIVED IN MOUNT CLEMENS: \_\_\_\_\_

DO YOU **PRESENTLY** OR HAVE YOU **PREVIOUSLY** SERVED ON A BOARD OR COMMITTEE FOR THE CITY OF MOUNT CLEMENS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE LIST THE BOARDS AND/OR COMMITTEES AND THE TERM EXPIRATION DATE(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING IS A LIST OF OUR CURRENT BOARDS AND COMMITTEES. PLEASE NOTE WHICH BOARD OR COMMITTEE THAT YOU WOULD BE INTERESTED IN SERVING (PLEASE RATE YOUR SELECTIONS WITH #1 BEING THE BOARD YOU WOULD PREFER TO SERVE ON FIRST).

- |   |  |
|---|--|
| <input type="checkbox"/> BEAUTIFICATION COMMISSION          | <input type="checkbox"/> MUNICIPAL BUILDING AUTHORITY        |
| <input type="checkbox"/> BOARD OF REVIEW                    | <input type="checkbox"/> PLANNING COMMISSION                 |
| <input type="checkbox"/> BOARD OF ZONING APPEALS            | <input type="checkbox"/> RETIREMENT SYSTEM BOARD OF TRUSTEES |
| <input type="checkbox"/> BROWNFIELD REDEVELOPMENT AUTHORITY | <input type="checkbox"/> TRAFFIC SAFETY COMMITTEE            |
| <input type="checkbox"/> CABLE TV COMMISSION                | <input type="checkbox"/> LIBRARY BOARD OF TRUSTEES           |
| <input type="checkbox"/> CIVIL SERVICE COMMISSION           |  |
| <input type="checkbox"/> CONSTRUCTION CODE BOARD OF APPEALS |  |
| <input type="checkbox"/> DOWNTOWN DEVELOPMENT AUTHORITY     |  |
| <input type="checkbox"/> HARBOR COMMISSION                  |  |
| <input type="checkbox"/> HISTORIC DISTRICT COMMISSION       |  |
| <input type="checkbox"/> HISTORICAL COMMISSION              |  |
| <input type="checkbox"/> HOUSING COMMISSION                 |  |

PRESENT EMPLOYMENT:

Name of Business/Firm/Owner	Title or Position	Type of Business
Number/Street	City/Zip	Telephone

LIST YOUR JOB DUTIES AND RESPONSIBILITIES:

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PLEASE LIST COMMUNITY ACTIVITIES AND SPECIAL QUALIFICATIONS:

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EDUCATION: (Optional)

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PLEASE LIST TWO PERSONAL REFERENCES (Mount Clemens Residents)

1.	Name	Address	Telephone
2.	Name	Address	Telephone

I hereby certify that this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this application to: City Clerk's Office  
One Crocker Boulevard  
Mount Clemens, MI 48043

**City of Mount Clemens**  
One Crocker Boulevard  
Mount Clemens, Michigan 48043

**CODE OF CONDUCT**

**When appointed to a Board or Committee, you will be required to sign the following Code of Conduct upon Oath of Office:**

When appointed to a Board and/or Committee of the City of Mount Clemens, I will perform the duties of the office to the best of my ability and in accordance with the City's policies and procedures and the Charter of the City of Mount Clemens.

I will do my best to inform myself on matters of concern to the City of Mount Clemens and my specific activities of the group. I will try to attend all meetings and to give careful consideration to the business of the board or committee.

As a member of the board and/or committee of the City of Mount Clemens, I will disclose to the other members any conflict of interest I may have on matters before it.

I will hold in confidence information obtained in my role as a member of a board or committee and will use such information exclusively for City purposes. I will not take advantage of my office in my contacts with representatives of the public or private sector, with other associations or with the City staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date