



## APPLICATION FORM MARQUETTE CITY BOARDS AND COMMITTEES

Please use this form to express your interest in serving on a particular board/committee or commission. You may attach additional material if you wish. For information on vacancies and board/committee bylaws, please visit <http://www.marquettemi.gov/commission/boards-and-committees/vacancies/>, call 225-8104 or e-mail [shobbins@marquettemi.gov](mailto:shobbins@marquettemi.gov). Please note that applications are kept on file for six months. The Marquette City Commission makes appointments to City Boards at their regular meetings as vacancies occur. Completed applications are public documents and are subject to the *Michigan Freedom of Information Act*.

**Eligibility Requirements:**

|   |     |    |
|---|-----|----|
| Are you a registered voter in the City of Marquette? *                    | Yes | No |
| Have you been a City resident for at least 12 months?*                    | Yes | No |
| Are you currently in default to the City of Marquette?                    | Yes | No |
| Are you related to any elected City Commissioner (including by marriage)? | Yes | No |
| Do you have any pending litigation against the City?                      | Yes | No |

\*According to the City Charter, each member appointed by the City Commission shall have been a resident of the city for at least one year immediately prior to the day of appointment and shall also be a qualified and registered elector of the city on such day and throughout the member's tenure of office.

Name of City Board or Committee: If applying for more than one board/committee, please list order of preference:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Applicant Name as it Appears on License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you currently serving or have you served on any City board or committee? If so, please list and give approximate dates.

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

*Please answer each question in as much detail as possible.*

Education/Credentials: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional activities that relate to this board/committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community activities that relate to this board/committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in serving on this board/committee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What talents or experience would you bring to the board/committee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments or information you wish to provide to the Mayor and City Commissioners?  
\_\_\_\_\_  
\_\_\_\_\_

Are you involved in any personal, professional or business pursuit that would affect your ability to make fair and impartial recommendations as a member of a City advisory board or committee? Yes No

***Appointed members are expected to attend all meetings of the board/committee. A member who misses more than 3 consecutive meetings or 1/3 of all meetings will tender their resignation to the board/committee chair. Are you aware of the meeting schedule and are you available to attend regularly scheduled meetings? Yes No***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*I certify that there are no misrepresentations, omissions or falsifications on this application and by signing this application I give consent to the City to conduct a background check to verify the information I have provided.*

Please return this form with any attachments to:  
shobbins@marquettemi.gov; fax to: 906-228-0429; or mail to: City Manager's  
Office, Marquette City Hall, 300 W. Baraga Avenue, Marquette, MI 49855.  
**Thank you for your interest in serving as a volunteer board or committee  
member. Your willingness to serve is greatly appreciated.**