

Manager  
MICHAEL SILVERMAN  
Clerk/Treasurer  
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## CITY OF CARO

317 SOUTH STATE STREET  
CARO, MICHIGAN 48723  
PHONE: 989-673-2226  
FAX: 989-673-7310  
WEB PAGE: carocity.net

Mayor:  
JOE GREENE  
Council:  
MICHAEL HENRY  
(PRO TEM)  
HERB SHEARDY  
BOB ESCHENBACHER  
CHARLOTTE KISH  
BRIAN RICKWALT  
RICK LIPAN

### 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 Caro 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 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: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Phone #: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
(Optional)

How long have you been a City resident? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

- \_\_\_\_\_ Historical Commission (7 members/3 Year Terms – meets monthly)
- \_\_\_\_\_ Board of Review (3 members – meets as necessary)
- \_\_\_\_\_ DDA (9 members/4 Year Terms – meets monthly)
- \_\_\_\_\_ Parks & Recreation (7 members/3 Year Terms – meets as necessary)
- \_\_\_\_\_ Zoning Board of Appeals (7 members/3 Year Terms – meets as necessary)
- \_\_\_\_\_ Planning Commission (8 members/3 Year Terms – meets as necessary)

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

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**Educational Background:** (include highest grade completed or degrees held)

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**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.

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**Reasons for Seeking Appointment:** (qualifications, areas of interest, goals, special skills, training, etc.)

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**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/N) If yes, please explain:

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**Additional information you wish to include:**

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**References:** (On a separate sheet, please list three non-family members, address and phone numbers)

If you have any questions regarding this process, please contact the City Clerk's Office at 989-673-2226. It is the policy of the City of Caro 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: \_\_\_\_\_