

CITY OF BANGOR | CITY CLERK'S OFFICE | 257 W MONROE ST | BANGOR, MI 49013 269.427.5831 | E-MAIL: CLERK@BANGORMI.ORG

Application for Parks and Recreation Committee

APPLICATIONS DUE TO THE CITY CLERK BY AUGUST 30, 2024 at NOON PUBLIC INTERVIEWS TO BE HELD AT A DATE TBD

Check box to keep application confidential

Thank you for your interest in serving on the Parks and Recreation Committee. The purpose of this form is to provide the City Manager, Mayor and City Council with basic information about applicants considered for appointment.

(PLEASE PRINT OR TYPE)

	Date:			
Name:	Phone:			
Address:	City/Zip			
Employer:	Phone:			
Address:	City/Zip			
E-Mail:				
How long have you lived continuously in the City of Bangor?				
Are you currently serving on other boards?	∕es			
Are you related to an elected official or employee of	the City of Bangor?	Yes	□ No) <u> </u>
Insert your relationship to elected official or employed	e of the City of Bangor:			
Have you ever been convicted for anything other tha	n a minor traffic violation?	Yes	☐ No	
City Administration utilizes electronic methods to diss to take advantage of electronic documents (email, In		. Are yo Yes	ou able	
Professional Qualifications and/or Work Experience	:			
Community Activities and/or Other Experience:				

Educational Background:	
References (Please list name, phone and add	dress):
	,
Indicate reasons for desiring to serve:	
APPLICANTS FOR PARKS AND RECRE PLEASE COMPLETE THE PORTION BELOW The information presented in this application is true of Bangor to verify the same and make any investigent and the properties of the properties	ue and complete without qualification. I hereby authorize the City
I authorize former employers, law enforcement a information they have regarding me without written	agencies and any other third party to give the City of Bangor notice from me. This is authorization for information requested employers, law enforcement agencies or other third parties.
	o refuse to appoint me or immediately terminate my appointment plete, untrue or misleading information in this application or any e appointment.
Print Name	Date
	_ 5.0
Signature	DOB:
EOD OFFICE HOE ONLY	
FOR OFFICE USE ONLY	
Received by:	Date:
Appoint to Committee	
☐ Yes	Council Meeting to accept appointment
	Date of Next Meeting:
□ No	<u> </u>