

**BARRY COUNTY BOARD OF COMMISSIONERS**  
**APPLICATION FOR APPOINTMENT TO:**

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| <input type="checkbox"/> Airport Commission                 | <input type="checkbox"/> Animal Shelter Advisory Bd.     | <input type="checkbox"/> Board of Canvassers           |
| <input type="checkbox"/> Building Authority                 | <input type="checkbox"/> Central Dispatch/E911           | <input type="checkbox"/> Charlton Park Village/Museum* |
| <input type="checkbox"/> Commission on Aging                | <input type="checkbox"/> Community Corrections           | <input type="checkbox"/> Construction Board of Appeals |
| <input type="checkbox"/> Department of Human Services       | <input type="checkbox"/> Farmland Promotion Board        | <input type="checkbox"/> Local Emergency Planning      |
| <input type="checkbox"/> Mental Health & Substance Abuse Bd | <input type="checkbox"/> Parks & Recreation*             | <input type="checkbox"/> Planning Commission*          |
| <input type="checkbox"/> Road Commission                    | <input type="checkbox"/> Solid Waste Oversight Committee | <input type="checkbox"/> Tax Allocation Board          |
| <input type="checkbox"/> Transit                            | <input type="checkbox"/> Veteran's Affairs Committee     | <input type="checkbox"/> Zoning Board of Appeals*      |

\* Denotes evening meetings

**Please check the board(s) above to which you are applying**

*Please be advised that this is a public document.*

Name (Please print): \_\_\_\_\_ Township: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Can you attend meetings between 8:00 a.m. - 5:00 p.m.? Yes No Evenings? Yes No

Please list membership on any other board/committee/authority (attach separate sheet if needed):

\_\_\_\_\_

Please indicate experience and/or qualifications that would help make you an effective member of each board/committee/authority for which you have applied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any unique or valuable perspectives and/or resources you could bring to the board/committee/authority:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain below why you wish to serve (attach separate sheet if needed): \_\_\_\_\_

\_\_\_\_\_

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Have you ever been convicted of a felony? Yes No

If yes, state when, where, and nature of offense: \_\_\_\_\_

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Please list any conflicts of interest you may have if chosen for this position: \_\_\_\_\_

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Current members must submit a new application at the end of their term if they wish to reapply. The deadline for applications from the incumbents is the same as the deadline for new applicants. Applications are considered active until published positions are filled.

The applicant acknowledges that he/she serves at the pleasure of the Board of Commissioners and can be removed by the Board without cause unless a particular term is established by federal or state statute.

I specifically authorize the Barry County Sheriff Department or other law enforcement agencies to release any records of prior criminal convictions it may have or may obtain from other sources to the County of Barry. I verify that the information provided herein is true and complete. I understand that false or misleading statements may be cause for elimination from consideration

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

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

**Please return to: Barry County Administration, 220 W. State St., Hastings, MI 49058  
Phone: (269) 945-1284 Fax: (269) 948-4884**