



**CHARTER TOWNSHIP OF INDEPENDENCE**  
**Township Clerk**  
**6483 Waldon Center Drive - Clarkston, Michigan 48346**  
**(248) 625-5114**  
 (RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS)

**APPLICATION FOR BOARDS AND COMMITTEES**

Thank you for your interest in serving on an Advisory Board or Committee. The purpose of this form is to provide the Township Board with basic information about residents considered for appointment.

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Home

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell

Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Address \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How long have you lived continuously in Independence Township? \_\_\_\_\_ YEARS/MONTHS

Are you a registered voter in Independence Township? Yes No

Are you affiliated with any political party? (**Note: Do not name party affiliation**) Yes No

Are you related to an elected official or employee of Independence Township? Yes No

Insert your relationship to elected official or employee: \_\_\_\_\_

Have you ever been convicted for anything other than a minor traffic violation? Yes  No

**Select from the following listing of advisory boards or committees for which you would like to apply for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Asset Disposal Committee                       | <input type="checkbox"/> Construction Code Board of Appeals |
| <input type="checkbox"/> Video Center Administrative Board              | <input type="checkbox"/> Board of Review                    |
| <input type="checkbox"/> Parks, Recreation & Seniors Advisory Committee | <input type="checkbox"/> Safety Path Committee              |
| <input type="checkbox"/> Sashabaw Corridor Improvement Authority (CIA)  | <input type="checkbox"/> Planning Commission                |
| <input type="checkbox"/> Senior Adult Activity Advisory Committee       | <input type="checkbox"/> Zoning Board of Appeals (ZBA)      |
| <input type="checkbox"/> Investment Advisory Committee                  | <input type="checkbox"/> Other: _____                       |

**NOTE: YOUR APPLICATION WILL BE KEPT ON FILE FOR 2 YEARS.**

**Professional Qualifications and/or Work Experience:**

**Community Activities and/or Other Experience:**

**Educational Background:**

**References (Name and Address):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Indicate reasons for desiring to serve:**

**Applicant's Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

- Voter Status Confirmed**
- Confirmed compliance with applicable federal, state and local statutes**

**Confirmed by:** \_\_\_\_\_