



**CITY OF WALKER**  
**4243 Remembrance Rd.**  
**Walker, MI 49534**

**BOARD AND COMMISSION APPLICATION**

On which Board or Commission would you like to serve? List in order of preference.

1. \_\_\_\_\_

2. \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
(Street Address) (City) (Zip)

Ward # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
(Name of Employer)

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

Please indicate any information (experience, education, community activities, organizations, etc), which you think, should be considered for your appointment to a Board or Commission. Use additional paper and include a resume if you wish.

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DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

Submit to: Sarah Bydalek  
Walker City Clerk  
Email: sbydalek@walker.city  
Fax #: 616-791-6881

(Use back side for comments)