



CITY OF WALKER
4243 Remembrance Rd.
Walker, MI 49534
(616) 791-6865

BOARD AND COMMISSION APPLICATION

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

1. _____ 2. _____

Name: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Length of Residency _____ Ward # _____

Home Address: _____

(Street Address, City and Zip code)

Appointment to a Board, Commission, or Committee will require your consistent attendance at regular scheduled meetings. Are you available for: ☐ Morning Meetings ☐ Evening Meetings

Employment Status: ☐ Unemployed ☐ Employed ☐ Part-Time ☐ Retired ☐ Other

Employer: _____ Occupation: _____

Please indicate any information which you think should be considered for your appointment to a Board or Commission. Use additional paper and include a resume if you wish.

Occupational Background:

Educational Background:

Reason for Applying:

Relevant Experience:

Community Involvement:

Please indicate if the following is true:

- ☐ You are a property owner within the community
- ☐ You or a family member is the owner of a business in the community
- ☐ You have been convicted of a felony

Submit to Walker City Clerk

Email: clerk@walker.city