

CHARTER TOWNSHIP OF OXFORD
COMMISSION AND COMMITTEE APPLICATION



DATE: _____

TELL US ABOUT YOURSELF:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

LENGTH OF TIME LIVING IN OXFORD TOWNSHIP: _____

ARE YOU A REGISTERED VOTER IN OXFORD TOWNSHIP: YES: _____ NO: _____

Note: Applicants may attach resume or other documents to support this application.

PLEASE TELL US ABOUT YOUR EDUCATIONAL AND PROFESSIONAL BACKGROUND

HIGH SCHOOL: _____

COLLEGE/UNIVERSITY: _____

TRADE OR BUSINESS SCHOOL: _____

MOST RECENT EMPLOYER _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____

EMAIL _____

PLEASE TELL US ABOUT YOUR PROFESSIONAL AND WORK EXPERIENCE

PLEASE TELL US ABOUT ANY VOLUNTEER OR COMMUNITY EFFORTS:

ARE YOU RELATED TO A CURRENT BOARD OR COMMITTEE MEMBER?

YES: _____ NO: _____

IF SO, PLEASE NAME EACH INDIVIDUAL AND WHERE THEY SERVE:

HAVE YOU EVER SERVED ON A BOARD OR COMMITTEE?

YES: _____ NO: _____

IF SO, PLEASE DESCRIBE AND INCLUDE NAME OF BOARD/COMMITTEE AND TERM.

TELL US HOW YOUR APPOINTMENT WILL BENEFIT OXFORD TOWNSHIP:

APPLICANT SIGNATURE

DATE

Note: Applications shall become a public record subject to disclosure under Michigan's Freedom of Information Act.

FOR OFFICE USE ONLY

Date: _____

_____ VOTER STATUS CONFIRMED

_____ CONFIRMED COMPLIANCE WITH ALL STATUTES

_____ TOWNSHIP TAXES CURRENT?

CONFIRMED: _____