

**CITY OF MADISON HEIGHTS**  
**APPLICATION FOR BOARDS AND/OR COMMISSIONS**

Please complete, sign and date application and return to:

City Clerk's Office

300 W 13 Mile Road

Madison Heights, MI 48071

Fax: (248) 588-0204 Email: clerk@madison-heights.org

Review the list of Boards and Commissions below and mark your top two preferences with an "x" in the box provided:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Active Adult Center Advisory Board                    | <input type="checkbox"/> Downtown Development Authority /<br>Brownfield Redevelopment Authority | <input type="checkbox"/> Library Advisory Board   |
| <input type="checkbox"/> Arts Board  | <input type="checkbox"/> Elected Officials Compensation Committee                               | <input type="checkbox"/> Parks & Recreation Advisory Board                                |
| <input type="checkbox"/> Civil Service Commission                              | <input type="checkbox"/> Environmental Citizens Committee                                       | <input type="checkbox"/> Planning Commission*   |
| <input type="checkbox"/> Community Development Block Grant<br>Review Committee | <input type="checkbox"/> Historical Commission  | <input type="checkbox"/> Police and Fire Retirement Board /<br>Health Care Benefits Trust |
| <input type="checkbox"/> Construction Board of Appeals                         | <input type="checkbox"/> Human Relations & Equity Commission                                    | <input type="checkbox"/> Tax Board of Review  |
| <input type="checkbox"/> Crime Commission                                      | <input type="checkbox"/> Information Technology Advisory<br>Committee                           | <input type="checkbox"/> Other:   |

\*Appointment to the Planning Commission will require you to resign from all other Boards/Commissions. (Code of Ordinances Section 2.109 and MCL 125.33(3))

**Preference #1:** \_\_\_\_\_ Indicate below why you wish to serve on this Board/Commission and your relevant experience:

\_\_\_\_\_  
\_\_\_\_\_

**Preference #2:** \_\_\_\_\_ Indicate below why you wish to serve on this Board/Commission and your relevant experience:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently serve on any other Boards/Commissions?

Yes ☐ No ☐ If YES, which one(s)? \_\_\_\_\_

**APPLICANT INFORMATION:**

Print Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Street Address \_\_\_\_\_ email: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business/Cell Phone# \_\_\_\_\_

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

Educational Background: \_\_\_\_\_

Community Activities and/or Work Experience: \_\_\_\_\_

**Charter Revision Study Group, Only: List the mayoral & council members or candidates you have volunteered for or donated to in the last two election cycles:** \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested and convicted of a misdemeanor or felony? Yes No If YES, provide details: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

Revised 8/2021

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**Background Check Authorization and Waiver**

\*Race: White ☐                      Black ☐                      Hispanic ☐  
                 American Indian ☐                      Asian ☐                      Other ☐

\*Gender: Male ☐                      or                      Female ☐

\*These items are required to enable the City of Madison Heights to conduct accurate background checks at any time while applying for or while serving on a Board and/or a Commission. The City of Madison Heights fully supports and complies with the laws which are enacted to protect and safeguard the rights and opportunities of all people, without being subjected or exposed to harassment or discrimination of any kind, including age, national origin, sex, race, religious affiliation, color, height, weight, or marital status.

I herewith release, defend and hold harmless the City of Madison Heights from any and all claims by myself which may arise from performance of the duties for which I am volunteering. I understand that the City of Madison Heights will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following the rules, regulations, and policies of the department and the City.

I authorize the City of Madison Heights to investigate my background as determined necessary for the particular activity for which I am volunteering. I hereby release and discharge the City of Madison Heights, the Oakland County Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

Print Name _____ Last _____	_____ First _____
_____ Driver's License Number _____	_____ Date of Birth _____
_____ Signature _____	_____ Date _____