

Cheryl Rottmann

From: noreply@civicplus.com
Sent: Tuesday, March 5, 2024 11:47 PM
To: Clerks; Amy Mischak
Subject: Online Form Submittal: City of Madison Heights Application for Boards and/ or Commissions

City of Madison Heights Application for Boards and/ or Commissions

Step 1

Indicate the board you wish to apply for with an "x" in the box provided (Please use one application per board)	Downtown Development Authority / Brownfield Redevelopment Authority
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Indicate below why you wish to serve on this Board/Commission and your relevant experience:	Being a home and business owner located in the downtown area I would like to bring my experience and knowledge to help grow the area. My past experience of growing community, in the positions that I held for a local PTA as well as my business experience of 13 years as a business analyst is a perfect combination to bring a wealth of knowledge to the DDA. I hope to bring ideas to help expand foot traffic to the DDA with bring together our businesses and residents.
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Do you currently serve on any other Boards/Commissions?	No
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Last Name	Whalin
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First Name	Jillian
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Street Address	26103 TOWNLEY ST
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Email Address	uncensoredcornhole@gmail.com
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Home Phone #	2488668908
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Business/Cell Phone #	2488668908
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Employer	City of Madison Heights
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Occupation	Animal Shelter Manager
Educational Background	High School Graduate - Bishop Foley - 2001, Attended The Culinary Institute of America, Certificate of Web Design - Macomb Community College
Community Activities and / or Work Experience	Volunteer Positions: I previously held the positions of Volunteer Coordinator, Membership Director, Secretary and President of Oakland Elementary. Work Experience: 13 years employed by Comcast as a business analyst, Currently Owner and Operator of Uncensored Cornhole (opened in Dec. 2023) and Madison Heights Animal Shelter Manager (past 3 years).
Have you ever been arrested and convicted of a misdemeanor or felony	No
Electronic Signature	Jillian Whalin
Date	3/5/2024
I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.	I agree

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.

Background Check

CITY OF MADISON HEIGHTS APPLICATION FOR BOARDS AND COMMISSIONS Background Check Authorization and Waiver

Race	White
Gender	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.

Last Name	Whalin
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First Name	Jillian
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Date of Birth	8/22/83
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Electronic Signature	Jillian Whalin
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Date	3/5/2024
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.	I agree
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