

**VILLAGE OF PORT SANILAC
APPLICATION FOR BOARDS AND COMMISSIONS**

Application for: Village Council _____ Planning Commission _____ SEFA _____

Name: _____ Date: _____

Home Address: _____

Home Phone _____ Cell Phone _____

Email address: _____

Please note your preferred method of contact:

Home Phone _____ Cell Phone _____ Text _____ Email _____

Residency, property or business ownership is required for most boards and commissions

_____ I am a resident. How many years? _____

Are you a registered voter in the Village of Port Sanilac: Yes _____ No _____

Are you currently in default to the Village of Port Sanilac: Yes _____ No _____

If yes, explain _____

Do you have any pending litigation against the Village of Port Sanilac? Yes _____ No _____

Are you currently serving or have you served on any boards or committees or held a civic position in the past?

Please provide a brief biography, including your skills, background and expertise as well as any involvement in the community or other organizations that are applicable to this board/commission.

Employment: Please provide your most recent employment experiences:

Volunteerism: Please provide your most recent volunteer experiences:

Why are you interested in serving on this council/commission:

Are you involved in any personal, professional or business pursuit that would affect your ability to make fair and impartial recommendations as a member of the Village Council or committee?

Have you reviewed the current meeting schedule of the council/commission and can you commit to regular meeting attendance? Yes _____ No _____

Supplemental Information: The Village Council and commissions are a mix of citizens with certain qualifications and others are citizens representing the general public. The community urges you to apply for consideration. Port Sanilac needs citizens with diverse backgrounds on its council and commissions.

Truth and Accuracy: I certify that the information contained on this form is accurate and complete to the best of my knowledge. I understand that all information disclosed on this form will be available to the public as part of a Freedom of Information Act request.

Applicant's Signature

Date

Application developed August 4, 2022

Full Nondiscrimination Statement

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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