



City of Jackson Board/Commission Application

Name: _____

Address: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Occupation: _____

Community Involvement/Activity

Are you a registered voter? _____ Ward? _____

Which Board or Commission(s) are you interested in?

1. _____ 2. _____

3. _____

List additional information you feel may be pertinent to board or commission

Feel free to attach any information. (Resume, press clippings)

APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR

Signature of Applicant

Date

Please return to Mayor's Office, City of Jackson, 161 W. Michigan Avenue, Jackson, MI 49201