

PLEASE USE BLACK INK

**KALAMAZOO COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR APPOINTMENT TO:
ENVIRONMENTAL HEALTH ADVISORY COUNCIL**

1. _____
Name
2. _____
Occupation
3. _____
Home Address
4. _____
Employer
5. _____
Home Telephone
6. _____
Business Telephone
7. _____
E-mail Address
8. Length of residency in Kalamazoo County _____
9. Of what other community board of directors/commissions are you a member?

10. Certain categories need to be represented on the Environmental Health Advisory Council. Please check categories which apply to you:

Citizen at Large _____ Member of Business Community _____

Representative of manufacturing/industry _____

City _____ Village _____ or Township _____ Official

Recipient of County Environmental Health Services _____

(A Recipient may be anyone who receives services on a regular basis from the Environmental Health Program of the Human Services Department.)

11. Why do you desire to serve on the Environmental Health Advisory Council?

12. How many hours could you commit to Council activities per week/month? _____

13. The Board of Commissioners desires minority representation on its appointed commissions. You may choose to identify yourself as a minority. Checking "yes" or "no" will neither qualify nor disqualify you for the appointment.

Representative of the minority community? YES ___ NO ___

Date of Application

Signature

PLEASE RETURN THIS APPLICATION TO: Kalamazoo County Board of Commissioners
Kalamazoo County Administration Building
201 West Kalamazoo Avenue, Room 207
Kalamazoo, MI 49007
TELEPHONE: (616) 384-8111

APPLICATION STATUS
(Office Use Only)

UPDATED ON: _____

INTERVIEWED ON:

APPOINTED TO/ON:
