

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

Thank you for your interest in serving on an Advisory Board or a Commission. The purpose of this form is to provide the Mayor and Council with basic information about persons being considered for appointment, and to provide information needed to conduct a background check. This application will be kept on file for ONE YEAR. The file of completed applications is open for public inspection upon request. Please note that background information obtained by the City is not open to public inspection.

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

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Email address \_\_\_\_\_ Drivers License# \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Are you a registered voter in Madison Heights? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Professional Qualifications and/or Work Experience: \_\_\_\_\_

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

List two Advisory Boards or Commissions\* for which you'd like to apply, in order of preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_

\* 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))

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**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

\_\_\_\_\_  
Signature    Date