



NOVI CITY CLERK'S OFFICE
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BOARDS AND COMMISSIONS APPLICATION

Thank you for your interest in serving on an advisory board or commission. The purpose of this form is to provide the Mayor and City Council members with some information about residents considered for appointment. This application will be kept on file for one year, and is open for public inspection upon request. The City Council interview meetings take place in February, June and December.

Name (Please print): _____

Nickname, if preferred: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

E-mail: _____

Employed by: _____

Business Address: _____

Are you a registered voter in the City of Novi? _____

How long have you lived continuously in the City of Novi? _____

Have you ever been convicted for anything other than a minor traffic violation? (If yes, explain.) _____

Educational Background: _____

In order of preference, list the advisory boards and commissions for which you are applying: _____

Professional qualifications and/or work experience: _____

Community Activities and/or other experience: _____

Please explain why you wish to serve: _____

References: (Please list names, addresses and phone numbers for three individuals)

- 1.) _____

- 2.) _____

- 3.) _____

I understand I am volunteering my services with no monetary compensation or benefits. I understand I am not a City of Novi employee. I further understand the City of Novi is not obligated to accept my offer of volunteering service to the City of Novi. The City of Novi reserves the right to terminate my volunteer service at any time. I have read the Volunteer NOVI Guidebook and Policies. I will adhere to the policies and procedures of the City of Novi.

I authorize fingerprinting, criminal background checks, search of sex offender registry, and Department of Motor Vehicle checks as deemed necessary by the City of Novi. I authorize investigation of any matter contained in the application.

*I understand as a volunteer I am **NOT** covered under the City of Novi's Workers' Compensation Policy for any injury or accident sustained during my volunteer assignment. I understand I am to report any injury or accident immediately to my supervisor. I further understand any medical costs or other costs incurred as result of incident will be my responsibility. I further understand if I fail to report the injury or accident immediately to my supervisor I may be released from my current volunteer assignment and may be Ineligible for any assignment in the future.*

I give the City of Novi permission to use, publish and republish, without compensation or obligation to me any photographs, videos or other media now in existence, which may be developed for future use along with reproduction of my likeness taken during my volunteer service to the City of Novi.

I declare under penalty of perjury all statements made in this application are true and correct of my own personal knowledge.

Signature _____ Date _____