



City Clerk, 49045 Pontiac Trail
Wixom, MI 48393
(248) 624-0865

clerkadmin@wixomgov.org

Please return this application to the Clerk

Board/Commission Application

Contact Information

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone Number: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Demographic Information

Volunteer must be 18 years of age or older.

Date of Birth: _____

Education: GED High School College Trade

How many years have you lived in Wixom: _____

Occupation: _____

Board or Commission Appointment Interest

1.) _____

2.) _____

3.) _____

Special Qualifications, Experience or Related Background to the Board and/or Commission

Please explain:

Agreement and Authorization

I understand I am volunteering my services with no monetary compensation or benefits. I understand I am not a City of Wixom employee. I further understand the City of Wixom is not obligated to accept my offer of volunteering service to the City of Wixom. The City of Wixom reserves the right to terminate my volunteer service at any time. I understand as a volunteer I am NOT covered under the City of Wixom'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 a 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 declare under penalty of perjury all statements made in this application are true and correct of my own personal knowledge.

Signature: _____ Date: _____

OFFICE USE:

Received on: _____

Received by: _____

Given to (Department, Employee): _____