



**BAY TOWNSHIP – CHARLEVOIX COUNTY**

05045 Boyne City Road  
Phone (231) 582-3594

Boyne City, Michigan 49712  
www.baytownshipmi.org

**APPLICATION BOARD OF TRUSTEES POSITION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EDUCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE BRIEFLY DESCRIBE YOUR EMPLOYMENT HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ATTRACTS YOU TO THIS POSITION? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE ANY PARTICULAR EXPERIENCES OR SKILLS THAT YOU BELIEVE WOULD FURTHER QUALIFY YOU FOR THIS POSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE (Name, Address, Telephone) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I DECLARE THE FOREGOING STATEMENTS TO BE TRUE \_\_\_\_\_

Signature