



CITY OF ST. JOSEPH
CITY CLERK'S OFFICE
700 Broad Street
St. Joseph, MI 49085
Phone (269)983-6325
Fax (269) 985-0347
www.sjcity.com
clerk@sjcity.com

Re-Appointment Questionnaire for Members of City Boards, Commissions and Committees

Because your term will expire in _____, and in order for the City Commission to evaluate Board, Commission or Committee re-appointments for the coming year, we are asking for your response to the below listed questions. When complete, please return this questionnaire to the City Clerk's Office. For additional space, feel free to attach additional pages if necessary.

Name: _____ Date: _____

Home Address: _____

Primary Telephone Number: _____ Secondary Number: _____

E-mail Address: _____

Please check one of the following:

____ I am seeking re-appointment to the _____

____ I no longer wish to serve on the _____

____ I no longer wish to serve on the _____; however, should another qualified candidate not be available, I would be willing to serve.

I have served on this Board, Commission or Committee since _____.

Why are you interested in an additional term on this Board, Commission or Committee? If not, why not?

What would you say is the primary function of this Board, Commission or Committee?

What role does/should this Board, Commission or Committee play with regard to the overall success of the City?

In your opinion, is your Board, Commission or Committee effective? Yes: ____ No: ____ Please give reasons foreither response.

What actions could be taken to improve your Board, Commission or Committee?

Do you have any concerns regarding our Community that you would like to share with the City Commission?
