

# WEST BLOOMFIELD PARKS SENIOR SERVICES ADVISORY COMMITTEE APPLICATION



Interested in serving on a trusted team of advisors that make recommendations to enrich the lives of the seniors residing in West Bloomfield Township? The Advisory Committee meets monthly. Terms are 4 year terms. Submit completed application to: [info@wbparks.org](mailto:info@wbparks.org)

Questions? Contact Kailyn McMahon at 248-451-1900. Applications are reviewed and accepted only when vacancies exist on the Advisory Team.

APPLICANT INFORMATION				
Last Name	First	M.I.	Birth Date	
Street Address		Apartment/Unit #		
City	State	Zip		
Phone	Cell Phone			
Email Address				
Do you live in West Bloomfield Township?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes how long have you lived in West Bloomfield Township?	Years
Do you own a business in West Bloomfield Township?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Business name, if applicable:	
Have you served on any West Bloomfield Township boards/commissions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which ones?	
INTERESTS (PLEASE CHECK ALL THAT APPLY)/ WRITE IN OTHER INTERESTS				
<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Cards/Games	<input type="checkbox"/> Day Travel	<input type="checkbox"/> Gardening	
<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Team Sports	<input type="checkbox"/> Extended Travel	<input type="checkbox"/> Financial Investments	
<input type="checkbox"/> Social Events	<input type="checkbox"/> Individual Sports	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Hobbies: _____	
PLEASE EXPLAIN WHY YOU WANT TO VOLUNTEER ON THIS COMMITTEE?				

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Signature	Date