

**RE-APPOINTMENT QUESTIONNAIRE
FOR MEMBERS OF CITY BOARDS, COMMISSIONS or COMMITTEES**

**City of St. Joseph
700 Broad Street
St. Joseph MI 49085
Phone: (269) 983-6325 • Fax: (269) 985-0347**

Because your term will expire in 20__, 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. **Please note there are additional questions on the reverse side.** When complete, please return this questionnaire to City Hall. For additional space, feel free to use the extra space on the reverse side or attach additional pages if necessary.

Name _____ Date _____

Telephone (H) _____ (W) _____

FAX No. _____ E-mail _____

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 for either 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?
