



# Covert Township

Van Buren County, Michigan

P.O. Box 35, Covert, MI 49043 | Phone (269) 764-8986 • Fax (269) 764-1771 | Website: coverttwp.com

The Covert Township Board is presently accepting applications for voluntary appointment as needed to the following Covert Township Local Boards and Commissions. **(Place an “X” on the line next to each committee you are interested in appointment.)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

<u>BOARD OR COMMISSION</u>	<u>MEMBERS</u>	<u>MEETINGS</u>
<input type="checkbox"/> Board of Review	3	Yearly
<input type="checkbox"/> Construction Board of Appeals	3	As Needed
<input type="checkbox"/> Covert Community Garden Advisory Committee	5	As Needed
<input type="checkbox"/> Covert Public Housing Commission	5	Monthly
<input type="checkbox"/> Historical Museum Advisory Committee	5	As Needed
<input type="checkbox"/> Ordinance Review Board	5	Monthly
<input type="checkbox"/> Park Advisory Committee	5	As Needed
<input type="checkbox"/> Planning Commission	7	Monthly
<input type="checkbox"/> Salary Compensation Committee	5	As Needed
<input type="checkbox"/> Senior Advisory Committee	5	As Needed
<input type="checkbox"/> South Haven Airport Authority	1	Monthly
<input type="checkbox"/> Van Buren District Library Board	1	Monthly
<input type="checkbox"/> Zoning Board of Appeals	5	As Needed
<input type="checkbox"/> Election Inspectors	10	As Needed

If you are interested in serving on any of the above committees, please complete the application provided here for your convenience. If you have any questions, please contact Covert Township at 269-764-8986.

Return completed application via email to [officemanager@coverttwp.com](mailto:officemanager@coverttwp.com) or by mail to:

**Township of Covert  
Attn: Laura Fogarty  
P.O. Box 35  
Covert, MI 49043**

**BOARD/COMMISSION APPLICATION**

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

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRESENT OCCUPATION:

\_\_\_\_\_

CURRENT/PREVIOUS EXPERIENCE IN CIVIC/PRIVATE ORGANIZATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION BACKGROUND:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BENEFICIAL EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

NOTE: This application will remain on file for two (2) years. If applicant does not update at the end of two (2) years, it will be removed from the applicant consideration list.

ACTION TAKEN: \_\_\_\_\_ DATE: \_\_\_\_\_