

Ottawa County Ag Preservation Board

Young Adult Application

Date:		
Name:		
Address:		
City:	Zip Code:	
Home Phone:	Cell Phone:	
Length of Residency in Ottawa County (number of years):	
Education		
Name of School:		
GPA: Anticipated Graduati	ion Date (year):	
School Extracurricular Activities:		<u> </u>
Community Activities:		
Special Awards/Recognition:		
Post-Graduation Plan:		
Employment		
Current Employer:	Position:	
Responsibilities:		
Hours/week:		

n order for your application to be considered, you mu following questions:	ust take the time to thoughtfully respond to the
Why do you believe farmland preservation is importa Ag Preservation Board?	nt? What special skills do you believe you bring to the
l, the undersigned, recognize that, if appointed to the C Member, I will be expected to follow all policies and pro will conduct myself with dignity and respect. Meeting o these requirements will result in a request for my resign	ocedures as set forth in the Bylaws of the Ag Board. I attendance is required unless excused. Failure to meet
Signature	Date

Thank you for your interest in Ottawa County Government!



You may submit completed forms to:

Ottawa County Ag Preservation Board 12220 Fillmore Street, Room 260 West Olive, MI 49460 plan@miottawa.org