



City of Rochester Hills

CANDIDATE QUESTIONNAIRE

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NAME MICHELINE SOMMERS

BOARDS/COMMISSIONS/COMMITTEES ON WHICH YOU WANT TO SERVE (please check the boxes):

Appointed by Mayor, Confirmed by City Council

- ☐ Advisory Traffic & Safety (meets monthly)
- ☐ Board of Review (meets as needed)
- ☐ Brownfield Redevelopment Authority (meets 4 times a year)
- ☐ Citizens Pathway (meets as needed)
- ☐ Construction/Fire Prevention Board of Appeals* (meets as needed)
- ☐ Diversity, Equity & Inclusion Committee (meets as needed)
- ☐ Local Development Finance Authority (meets 4 times a year)
- ☐ Naming Standing Committee (meets as needed)
- ☐ Planning Commission* (meets monthly)
- ☐ Rochester Hills Museum Foundation (meets monthly)

Appointed by City Council

- ☐ Cemetery Citizen Advisory Committee (meets 2-4 times a year)
- ☐ Deer Management Advisory Committee (meets 2 times a year)
- ☐ Elections Commission (meets prior to each Election)
- ☐ Green Space Advisory Board (meets monthly)
- ☐ Historic Districts Commission* (meets monthly)
- ☐ Historic Districts Study Committee (meets as needed)
- ☐ Human Resources Technical Review Committee (meets yearly)
- ☐ Liquor License Technical Review Committee (meets as needed)
- ☒ Older Persons' Commission (meets monthly)
- ☐ Public Safety & Infrastructure Technical Review Committee (meets as needed)
- ☐ Retiree Health Care Trust – Board of Trustees (meets as needed)
- ☐ Rochester Avon Recreation Authority (meets monthly)
- ☐ Rochester Hills Museum Foundation (meets monthly)
- ☐ Water System Advisory Council (meets yearly)
- ☐ Zoning/Board of Appeals* (meets monthly)

* Denotes paid positions. Candidates will be required to complete a Form I-9, Employment Eligibility Verification, as required by the Federal Government.



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NAME MICHELINE SOMMERS COUNCIL DISTRICT 2
DATE 11-18-25 ROCHESTER HILLS RESIDENT FOR 39 YEARS
OCCUPATION RETIRED MENTAL HEALTH THERAPIST

INTERESTS/REASONS/QUALIFICATIONS (Specifically list the reasons you are interested in serving on this/these committees and any qualifications you have for being on this/these committees:

MY PROFESSION WAS SPECIFICALLY "GERIATRIC THERAPIST"
I FEEL I AM OPEN & APPROACHABLE BY THIS POPULATION
AND UNDERSTAND THEIR PHYSICAL & EMOTIONAL NEEDS

BOARDS/COMMISSIONS/COMMITTEES ON WHICH YOU HAVE or currently SERVE on (List Municipalities and years):

OPC SOCIAL AND ACTIVITY CENTER SINCE 2010

ELECTIVE OFFICES THAT YOU HAVE HELD:

NONE

OTHER ORGANIZATIONS you have been or are involved with:

I SERVE ON THE PARISH HEALTH MINISTRY, FAMILY OF PARISHES
MENTAL HEALTH MINISTRY, GOOD SAMARITANS, HOPE SHELTER
PARSE/RENAISS

Relevant EDUCATION to the committee(s) you are interested in:

I HAVE A MASTERS IN SOCIAL WORK WITH A SPECIALIZATION
IN GERIATRICS

HOBBIES/INTERESTS

READING, WALKING, BIKE RIDING, VOLUNTEERING WHERE
NEEDED IN MY COMMUNITY

ADDITIONAL INFORMATION

WALKED IN THE OPC MEALS ON WHEELS 5K WITH FOUR
GENERATIONS TO ENCOURAGE THE PASSION I HAVE TO

CONTINUE