

**TOWN OF WEST BOYLSTON
APPLICATION TO SERVE ON A TOWN BOARD OR COMMITTEE**

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HOME TELEPHONE: _____ **WORK TELEPHONE:** _____

Are you a registered voter of the Town of West Boylston? Yes No
Voter registration confirmation by Town Clerk _____

BOARD, COMMITTEE, OR COMMISSION FOR WHICH YOU WISH TO APPLY
(Please list in order of preference, if you are willing to be considered for appointment to more than one committee, or if you wish to serve on a board where there is no present vacancy.)

PLEASE LIST ANY EDUCATION, EXPERIENCE, PROFESSIONAL ACHIEVEMENT, SKILLS, OR SPECIAL INTEREST YOU MAY HAVE THAT WILL ASSIST YOU WITH THE BOARD OR COMMITTEE ASSIGNMENT(S) FOR WHICH YOU ARE APPLYING.

COMMENTS:

SIGNATURE: _____ **DATE:** _____