

Milford, Massachusetts

APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME _____

YOUR ADDRESS _____

TELEPHONE NOS. FOR WEEKDAYS () _____ & EVENINGS() _____

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION

EXPERIENCE

INTERESTS

Please indicate below if you are a Town Employee or serve on any Town Board.

Please check below the Board(s) on which you are interested in serving:

- | | |
|---|--|
| <input type="checkbox"/> Cable TV Complaint Committee | <input type="checkbox"/> Historical Commission |
| <input type="checkbox"/> Capital Improvement Committee | <input type="checkbox"/> Industrial Development Commission |
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Commission on Disability | <input type="checkbox"/> Milford Cultural Council |
| <input type="checkbox"/> Community School Use Committee | <input type="checkbox"/> (formerly Arts Lottery Council) |
| <input type="checkbox"/> Conservation Commission | <input type="checkbox"/> Milford Geriatric Authority |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> Milford Youth Commission |
| <input type="checkbox"/> Fair Housing Committee | <input type="checkbox"/> Personnel Board |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Zoning Board of Appeals |
| | <input type="checkbox"/> Other (Describe Below) |

FOR OFFICE USE ONLY: Date Rec'd _____ Recorded _____ Application Expires _____
Referred to Board Chair for Review/Comment/Recommendation _____