



## MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

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### 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 Select Board, please complete this application, providing all information requested, and return to the Select Board 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 NO. FOR WEEKDAYS ( ) \_\_\_\_\_ & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**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.

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

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

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**FOR OFFICE USE ONLY:** Date Rec'd \_\_\_\_\_ Recorded \_\_\_\_\_  
Application Expires (3ys) \_\_\_\_\_  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_