

Town of Stoughton

Application for Appointment to Board, Commission or Committee

Board, Commission or Committee being applied for:

Name: _____ Address: _____

Telephone # _____ Email: _____

Employer: _____ Previous Town position held: _____

Education: _____

Other Professional or Civic Organizations (include offices held):

Why do you want to serve on the above Board, Commission or Committee:

What qualifications or strengths would you bring to the Board, if appointed:

How often would you be available to attend meetings:

_____ Weekly _____ Twice a Month _____ Month

Can any action of these Board / Commissions directly affect you (or your employer)

_____ Yes _____ No

Do you feel there would be any conflict of interest if you were appointed to this Board,

Commission or Committee? _____ Yes _____ No

Explain: _____

Applicant Signature

Date