



**APPLICATION FOR APPOINTMENT TO
BOARDS, COMMISSIONS OR COMMITTEES**

It takes more than just owning property in a town to truly be a part of its community! Marlborough needs volunteer board and commission members to carry out local decision making and to promote a quality of life that is important to our future and is vital to the success of local government. If you are interested in contributing your service and talent to our community, please consider applying to serve as a local board or commission member.

RETURN TO:

Town Manager's Office
Marlborough Town Hall
P.O. Box 29
Marlborough, CT 06447

Name: _____

Address: _____

Preferred Phone Number _____ Work / Home / Mobile

Email Address: _____

Desired Board / Commission:

<input type="checkbox"/> Board of Assessment Appeals	<input type="checkbox"/> full	
<input type="checkbox"/> Board of Education	<input type="checkbox"/> full	
<input type="checkbox"/> Board of Finance	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Building Appeals Board	<input type="checkbox"/> full	
<input type="checkbox"/> Cemetery Committee	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Commission on Aging	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Economic Development Commission	<input type="checkbox"/> full	<input type="checkbox"/> alt

<input type="checkbox"/> Fire Commission	<input type="checkbox"/> full	
<input type="checkbox"/> Lake Advisory Commission	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Nature Trails & Sidewalk Commission	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Park & Recreation Commission	<input type="checkbox"/> full	
<input type="checkbox"/> Planning Commission	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Public Building Commission	<input type="checkbox"/> full	
<input type="checkbox"/> Water Pollution Control Authority	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Zoning Board of Appeals	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Zoning Commission	<input type="checkbox"/> full	<input type="checkbox"/> alt
<input type="checkbox"/> Other		

Background Information:

To be considered for appointment, please complete the following:

1. Do you currently sit on a Board or Commission? * Yes No

*Name the current Board(s) you are on and in what capacity – Full or Alternate

What other Boards/Commissions have you served on and in what capacity

2. Are you eligible to Register to Vote? Yes No

3. Party Affiliation: Democrat Republican Unaffiliated Other

4. How many years have you been a local resident? _____

5. Why do you wish to serve on the indicated Board, Commission or Committee?

6. Please list your Knowledge/Skills which will allow you to contribute to the position you are applying for.

7. Occupation / Background: _____

If you would like to include additional information, please attach an additional sheet.

Acknowledgement and Signature:

I ACKNOWLEDGE that:

- I have not been found in violation of any state, municipal or professional code of ethics or conduct.
- I certify that I have fully disclosed or will fully disclose in writing to the Town Manager and Board Chairman any conflict of interest I may have while participating on a Board or Commission.
- I will notify the Board of Selectmen in a detailed written letter about any conflict of interest or any change in the above stated or acknowledged facts.
- If selected or elected to serve, I will participate consistently, courteously, and effectively as a responsible member of the Board, Commission, or Committee.

CERTIFICATION OF ACCURACY:

I state, under penalty of dismissal for cause from any Commission, Board or Committee, that the information contained in this form is, to the best of my knowledge and belief, true, accurate and correct.

Print Name

Signature

Date

Application expires one (1) year from the date of received stamp.