

**APPLICATION TO SERVE ON
BOARDS AND COMMITTEES
TOWN OF BOOTHBAY HARBOR**



Last: _____ First: _____ Initial: _____

Please include a cover letter and resume

Board of Selectmen respectfully requests that all information is thoroughly completed to provide adequate information for full consideration, including when re-applying. Incomplete applications may delay consideration.

Physical Resident Address: _____

Mailing Address: _____

Occupation: _____

Business Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ E-mail Address: _____

Education: _____

How long have you lived in Boothbay Harbor: _____ Years _____ Months

Are you a registered voter in Boothbay Harbor? _____ Yes _____ No

Is this your first application or are you re-applying?

Indicate the Board(s) and/or Committee(s) you are interested in serving on.

Appeals Board:	<input type="checkbox"/>	Planning Board:	<input type="checkbox"/>
Port Committee:	<input type="checkbox"/>	Budget Committee:	<input type="checkbox"/>
Boothbay Region Refuse District:	<input type="checkbox"/>	Economic Development Committee:	<input type="checkbox"/>

Previous Boothbay Harbor Boards or Committees on which you have served:

_____ Years Served: _____

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When was the last time you attended a meeting of the board for which you applied:

Have you read the committee or Boards' enabling ordinance?

Yes No

Will you commit to attend at least 75% of the meetings?

Yes No

Will you commit to take Maine Municipal Association Public Officials Training? (if required)

Yes No

Will you be available to attend the Board of Selectmen's meeting in which your appointment will be discussed?

Yes No

Other relevant work or volunteer experience: (Please list the organization, address, your position and the dates served.)

Please provide a statement indicating why you are interested in serving/or renewing your service on this committee:

STATEMENT OF QUALIFICATIONS:

Please provide a statement indicating why you feel you are qualified or what you would like to offer to be considered for the appointment. Attach additional sheets if needed.

Signature: _____ Date: _____