

TOWN OF WEATHERSFIELD

APPOINTED OFFICIAL APPLICATION

Weathersfield's success as a community is largely due to the participation of residents in government and community affairs. Completing this form is one way to indicate your interest in being considered for appointment to one of the Boards, Commissions and Committees appointed by the Board of Selectmen. This form highlights the interests and qualifications of applicants willing to serve our community. All appointments remain at the discretion of the Selectboard.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Occupation: _____ Name of Employer: _____

Do you reside in Weathersfield? Yes: _____ No: _____ How Long? _____

Are you a registered voter in Town? Yes: _____ No: _____

Age Group (Circle): Under 18 18-34 35-60 Over 60

Education (Circle): High School Some College Graduate Advanced

Degrees/ Major Study of Interest: _____

Certifications or Other Vocational Training: _____

Other Skills: _____

Volunteer Experience and/or Previous or Current Community Involvement:

Please note that many boards require regular attendance at weekday evening meetings, either once or several times per month.

* If you are appointed, could you meet: Mornings _____ Afternoons _____ Evenings _____

What do you feel you can contribute to the community that may not be evident from information already on this form? _____

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* Please check the Town Board, Commission, and Committees for which you would like to be considered for appointment.

<input type="checkbox"/> 1879 School Committee	<input type="checkbox"/> Animal Control Officer
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Connecticut River Joint Comm. Rep
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/> Energy Coordinator
<input type="checkbox"/> Fence Viewer	<input type="checkbox"/> Green Up Coordinator
<input type="checkbox"/> Martin Memorial Hall Trustee	<input type="checkbox"/> Parks & Recreation
<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Transportation Advisory Committee
<input type="checkbox"/> Solid Waste Management District Rep	<input type="checkbox"/> Surveyor of Wood & Lumber
<input type="checkbox"/> Tree Warden	<input type="checkbox"/> Veterans Memorial Committee
<input type="checkbox"/> Weigher of Coal	<input type="checkbox"/> Zoning Board of Adjustment
<input type="checkbox"/> Fire Warden	<input type="checkbox"/> Southern Windsor County Regional Comm.
<input type="checkbox"/> Deputy Fire Warden	<input type="checkbox"/> Southern Windsor County SW Mgmt. Dist.

Please list three individuals in Weathersfield who may be contacted when considering you for an appointment.

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Signature

Date