



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

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 Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen 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.

Please place "x" beside 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"/> Industrial 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) |

FOR OFFICE USE ONLY: Date Rec'd _____ Recorded _____ Application Expires _____
 Referred to Board Chair for Review/Comment/Recommendation _____