



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

*There is a difference between simply owning property in a town and being a part of the community.*

Marlborough needs volunteer Board and Commission members to help local government make the important decisions that will determine our quality of life. If you're interested in contributing your service and talent to our community, please consider applying to serve as a local board or commission member!

Sincerely,  
**Marlborough Board of Selectmen**

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**PLEASE RETURN TO:**

Marlborough Town Clerk  
P.O. Box 29  
Marlborough, CT 06447  
[townclerk@marlboroughct.net](mailto:townclerk@marlboroughct.net)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Work / Home / Mobile

Email Address: \_\_\_\_\_

**Desired Board / Commission:**

- |  |   |
|--|---|
| <input type="checkbox"/> Board of Assessment Appeals           | <input type="checkbox"/> Cemetery Committee       |
| <input type="checkbox"/> Commission on Aging                   | <input type="checkbox"/> Conservation Commission  |
| <input type="checkbox"/> Economic Development Commission       | <input type="checkbox"/> Lake Advisory Commission |
| <input type="checkbox"/> Park and Recreation Commission        | <input type="checkbox"/> Planning Commission      |
| <input type="checkbox"/> Water Pollution Control Authority     | <input type="checkbox"/> Zoning Board of Appeals  |
| <input type="checkbox"/> Zoning Commission                     | <input type="checkbox"/> Building Appeals Board   |
| <input type="checkbox"/> Nature Trails and Sidewalk Commission | <input type="checkbox"/> Fire Commission          |

To be considered for appointment, please complete the following:

1. Registered Voter?            Yes            No
2. Party Affiliation:    Democrat \_\_\_\_\_ Republican \_\_\_\_\_ Unaffiliated \_\_\_\_\_ Other \_\_\_\_\_
3. How many years as a local resident? \_\_\_\_\_
4. Why do you wish to serve on the indicated Board, Commission or Committee?  
\_\_\_\_\_  
\_\_\_\_\_

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5. Skills/Abilities/Knowledge you could contribute to a specific Board or Commission:

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6. Other board appointments, community service or leadership roles you hold/have held:

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7. Occupation / Background: \_\_\_\_\_

**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 First Selectman 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.

**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.*