



**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're 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"/> Board of Education |
| <input type="checkbox"/> Board of Finance | <input type="checkbox"/> Building Appeals Board |
| <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"/> Nature Trails and Sidewalk Commission | <input type="checkbox"/> Zoning Board of Appeals |
| <input type="checkbox"/> Zoning Commission | <input type="checkbox"/> Cemetery Committee |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fire Commission | |

Background Information:

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?

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

- 6. Other board appointments or leadership roles you hold/have held:

- 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.