



TOWN OF SOUTH BERWICK BOARD/COMMITTEE APPLICATION

Committee desired: _____

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____ email: _____

Telephone: (home) _____ (work) _____ (cell) _____

BUSINESS/EDUCATIONAL BACKGROUND

(You may attach a resume if you prefer, please be specific)

MUNICIPAL OFFICES HELD or PREVIOUS BOARD EXPERIENCE

(In South Berwick or elsewhere)

Board/Committee	Appointment Date	Term Expiration
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_____	_____	_____
_____	_____	_____

PLEASE LIST TWO OR THREE NEW IDEAS YOU WOULD LIKE THIS COMMITTEE TO CONSIDER.

PLEASE INDICATE ANY SPECIAL QUALIFICATIONS OR EXPERIENCE THAT YOU THINK MAY BE HELPFUL TO THIS COMMITTEE.

COMMITMENT LEVEL

Are you available to commit to this committee for a minimum of three years? _____

Number of hours you are able to commit to this committee/board per week: _____

Applicant's signature