



Town of South Berwick

180 MAIN STREET
SOUTH BERWICK, MAINE 03908-1535
TEL. 207-384-3300
FAX: 207-384-3303

BOARD/COMMITTEE APPLICATION

Board/Committee Applying For: _____

1. APPLICANT PERSONAL INFORMATION

Name: _____ Phone: _____
Address: _____ Email: _____

2. EDUCATION/BUSINESS BACKGROUND (Please be specific. Attach a resume if you prefer.)

3. MUNICIPAL OFFICES HELD AND/OR PREVIOUS BOARD EXPERIENCE (In South Berwick or elsewhere.)

Board/Committee or Municipal Office Held	Appointment Date	Term Expiration
_____	_____	_____
_____	_____	_____

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

5. PROVIDE ANY SPECIAL QUALIFICATIONS OR EXPERIENCE THAT YOU THINK MAY BE HELPFUL TO THIS COMMITTEE

6. COMMITMENT LEVEL

Are you available to commit to this board/committee for a minimum of three years? ____ Y ____ N
Number of hours you are able to commit to this board/committee per week: _____

Applicant Signature: _____ Date: _____