

For office use only

Appointed: Yes No Date Term

Resigned: Did Not Seek Re-appointment Date

Residency confirmation by Town Clerk: _____



Town of Douglas
29 Depot Street
Douglas, MA 01516
508-476-4000 ~ Fax: 508-476-4012

Application for Board/Committee

Please submit this application to the Selectmen's Office.

Name: Date:

Residence: Email:

Post Office Box: Phone (Home): *Enter Numbers only, no dashes.*

Employee Name: Phone (Work): *Enter Numbers only, no dashes.*

Employee Address: Occupation / Title:

Education:

1. Please select the Board / Committee are you applying for:

1a. For the Planning Board, and Zoning Board : Full Member Alternate / Associate Member

2. Would you be interested in another Board / Committee? Please select:

3. How long have you lived in Douglas?

4. In order to verify your address, you must be a registered voter. Are you registered in Douglas? Yes No

5. Have you been asked by this Board / Committee to become a member? Yes No

6. How did you hear about this Board / Committee?

7. Why are you seeking this appointment?

8. What is your experience or knowledge regarding the duties of this Board / Committee?

9. Please list any education, experience, professional achievement, previous occupation, skills, or special interests you may have that will assist you with this Board / Committee.

10. How many times during the last year have you attended a meeting of this Board / Committee?

10 a. Watched a video of this Board / Committee?

11. Would there be a possible conflict of interest if you were appointed to this Board / Committee? Yes No

If yes, please explain:

12. Have you ever had business before this Board / Committee? Yes No

If yes, please explain:

2. What other Board / Committee have you served on? Please select:

Signed By _____

The filling out of this form in no way assures appointment. All board/committee vacancies will be filled by citizens deemed most qualified to serve in a particular capacity. Please return this form to the Selectmen's Office.