

Town of Stoughton

Application for Appointment to Boards, Commissions or Committees

Board, Commission or Committee being applied for:

Name: _____ Address: _____

Telephone # _____ Email: _____

Previous Town position held: _____ Employer: _____

Education: _____

Other Professional or Civic Organizations (include offices held):

Why do you want to serve on the above Board, Commission or Committee:

What qualifications or strengths would you bring to the Board, if appointed:

How often would you be available to attend meetings:

_____ Weekly _____ Twice a Month _____ Monthly

Can any action of these Boards / Commissions / Committees directly affect you

(or your employer) _____ Yes _____ No

Do you feel there would be any conflict of interest if you were appointed to this Board, Commission

or Committee? _____ Yes _____ No

Explain: _____

Applicant Signature

Date