

# Town of Bowdoinham

## COMMITTEE/BOARD APPLICATION

The Town of Bowdoinham is responsible for appointing members to several boards and standing committees and other committees organized to work on specific issues within stated time frames. Please consider volunteering! Serving on a committee is a wonderful way to learn more about our community, meet our neighbors, and contribute to our town's success. Thank you.

**Pursuant to the Freedom of Access Act, please indicate by checking here whether you are willing to allow your personal contact information to be made available to public inquiry.**

**Yes**       **No**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

How long have you been a resident of Town of Bowdoinham: \_\_\_\_\_

### COMMITTEES/BOARDS:

(Please put a check mark by the name of any committee or board you would be interested in serving on):

- |  |  |
|--|--|
| <input type="checkbox"/> Advisory Committee on Age-Friendly Bowdoinham | <input type="checkbox"/> Finance Advisory Committee      |
| <input type="checkbox"/> Board of Appeals                              | <input type="checkbox"/> Planning Board                  |
| <input type="checkbox"/> Cemetery Advisory Committee                   | <input type="checkbox"/> Solid Waste Committee           |
| <input type="checkbox"/> Community Development Advisory Committee      | <input type="checkbox"/> Town Hall Restoration Committee |
| <input type="checkbox"/> Comprehensive Plan Committee                  | <input type="checkbox"/> Trustees of the Water District  |
| <input type="checkbox"/> Emergency Medical Service Committee           |  |

**Please answer the following questions:**

1. Please give a brief statement to inform the Select Board about why you are interested in the board or committee(s) you selected, and what special skills or talents you would bring to the committee(s).
  
2. Please tell us about prior experiences you may have had in volunteering or in community work.
  
3. Please add any other information you think would be helpful for the Select Board to know.

Thank you for taking the time to complete this application. If you have any questions about the status of your application, please contact the Town Clerk's Office. The Town will keep your application active for 12 months from the date of receipt.

By signing below, if appointed to a Board or Committee, you are hereby agreeing to abide by all Town policies, procedures and state statutes in regards to said appointment:

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(Signature)

(date)

Please return this form to:           Office of the Town Clerk  
  13 School Street  
  Bowdoinham, ME 04008

**For Official Use Only**

Date Application Received: \_\_\_\_\_