



COMMITTEE APPLICATION FORM

NAME: _____

ADDRESS: _____

PREFERRED PHONE#: _____

E-MAIL ADDRESS: _____

SPECIFIC COMMITTEE YOU ARE APPLYING FOR: _____

YOUR RELEVANT AREAS OF INTEREST _____

WHAT TYPE OF EXPERIENCE OR SKILLS CAN YOU OFFER TO THIS COMMITTEE? _____

WHAT ISSUES WOULD YOU LIKE TO SEE THIS COMMITTEE ADDRESS? _____

HAVE YOU ATTENDED ANY COMMITTEE MEETINGS? _____

ARE YOU INVOLVED IN ANY OTHER TOWN ACTIVITIES? _____

DO YOU HAVE TIME CONSTRAINTS THAT WOULD LIMIT YOUR ABILITY TO ATTEND ONE TO TWO MEETINGS A MONTH? _____

IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)

Please mail or deliver your application to the Select Board Office, 333 Washington St., 6th Fl., Brookline MA 02445 or email it to selectboard@brooklinema.gov