

Application of Interest
for Town of Stafford
Boards / Commissions / Committees

NAME: _____

ADDRESS: _____

Email: _____

PHONE # _____ **PARTY AFFILIATION:** _____

Board / Commission / Committee interested in: _____

Why are you interested in serving ?

Do you have any experience that would benefit this Board / Commission / Committee you are interested in Joining ?

Are you willing to take training ? _____ **Are you available for evening meetings?** _____

Signature: _____ **Date:** _____

Please send completed application to the Office of the First Selectman
1 Main Street
Stafford Springs, CT 06076