



TOWN OF WEST BOYLSTON
140 WORCESTER STREET
WEST BOYLSTON, MA 01583

APPLICATION TO SERVE ON A TOWN BOARD OR COMMITTEE

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____

Are you a registered voter of the Town of West Boylston? _____ Yes _____ No

Board, Committee, or Commission for which you wish to apply.
*Please list in order of **preference**.*

Describe any education, experience, professional achievement, skill, or special interest you have that will assist you with the Board, Committee, or Commission Assignment(s).

Please provide the reason(s) you are requesting assignment to a particular Board, Committee, or Commission.

Please list any previous Board, Committee, or Commission Assignments.

Please provide any additional information or comments.

SIGNATURE: _____ DATE: _____

Please return your completed form to the Town Administrator/Select Board Office by email at jwarren@westboyston-ma.gov or 140 Worcester Street, West Boylston, MA, 01583

For Internal Use Only

Voter registration confirmation by Town Clerk _____

1) Appointed to serve on the following Board, Committee, or Commission:

Appointing Authority: _____

Date of Appointment: _____

2) Appointed to serve on the following Board, Committee, or Commission:

Appointing Authority: _____

Date of Appointment: _____