

TOWN OF PEMBROKE
Office of the Selectmen
100 Center Street
Pembroke, MA 02359
Tel: (781) 293-3844 or Fax: (781) 293-4650

Completing this form is one way to indicate your interest in being considered for appointment to some of the Boards, Commissions and Committees appointed by the Board of Selectmen. All appointments remain at the discretion of the Selectmen.

*Name: _____
*Address: _____ Zip: _____
*Telephone: Home: _____ Cell/Business: _____
*Email: _____
Occupation: _____ Name of Employer: _____

*Do you **reside in the Town of Pembroke**? Yes _____ No _____ How Long? _____

*Are you a **registered voter** in the Town? Yes _____ No _____

Age Group: Under 18: _____ 18-34: _____ 35-60 _____ Over 60 _____

Education: Elementary: _____ High School _____ College _____ Graduate _____

Degrees/Majors: _____

Certification or other Vocational Training: _____

Other Skills: _____

Volunteer Experience and other Previous or Current Community Involvement
(give dates): _____

(if additional space is needed, please attach a separate sheet of paper)

*If you are appointed, could you meet: Morning _____ Afternoon _____ Evening _____

What do you feel you can contribute to the community that may not be evident from information already on this form? _____

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*Please check three (in order of preference i.e., 1-2-3) of the Town Boards, Commissions, and Committees for which you would like to be considered for appointment.

There currently may or may not be positions vacant on these boards.

<input type="checkbox"/> Advisory Committee	<input type="checkbox"/> MBTA Advisory Board
<input type="checkbox"/> Affordable Housing Committee	<input type="checkbox"/> Open Space Committee
<input type="checkbox"/> Commission on Disabilities	<input type="checkbox"/> Pembroke Drug Prevention Coalition
<input type="checkbox"/> Cultural Council	<input type="checkbox"/> Plymouth County Advisory Board
<input type="checkbox"/> Drainage Commission	<input type="checkbox"/> Town Landing Committee
<input type="checkbox"/> Energy Study Committee	<input type="checkbox"/> Wage & Personnel Board
<input type="checkbox"/> Alternate, Herring Fisheries Commission	<input type="checkbox"/> Alternate, Zoning Board of Appeals
<input type="checkbox"/> Alternate, MAPC Representative	<input type="checkbox"/> other

Please list three individuals in the city who may be contacted when considering you for an appointment.

Name	Address	Telephone (home) (work)
_____	_____	_____
_____	_____	_____
_____	_____	_____

* SIGNATURE

DATE

* REQUIRED FIELDS