

**APPLICATION TO SERVE ON BOARDS  
AND COMMITTEES  
TOWN OF BAR HARBOR**



Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

*Town Council respectfully requests that all information is thoroughly completed to provide adequate information for full consideration, including when re-applying. Incomplete applications may impede consideration.*

Physical Resident Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ FAX Number: \_\_\_\_\_

How long have you lived in Bar Harbor: \_\_\_\_\_ Months \_\_\_\_\_ Years

Occupation:  
\_\_\_\_\_

Is this your first application or are you re-applying?

Indicate the Board(s) and/or Committee(s) you are interested in serving on.

- |  |                               |                         |
|--|-------------------------------|-------------------------|
| Appeals Board:                             | Design Review Board:          | Parks & Recreation:     |
| Assessment Review Board:                   | Hancock County Planning       | Planning Board:         |
| Conservation Commission:                   | Commission:                   | Age Friendly Committee: |
| Cruise Ship Committee:                     | Harbor Committee:             | Task Force on Climate:  |
| Communication &<br>Technologies Committee: | Housing Authority:            |                         |
|  | Marine Resource Committee:    |                         |
|  | Parking Solutions Task Force: |                         |

Education:

Previous Bar Harbor Boards or Committees on which you have served:

\_\_\_\_\_ Years Served: \_\_\_\_\_

\_\_\_\_\_ Years Served: \_\_\_\_\_

\_\_\_\_\_ Years Served: \_\_\_\_\_

When was the last time you attended a meeting of the board for which you applied?

Have you read the enabling ordinance?	Yes	No
Will you commit to attend at least 75% of the meetings?	Yes	No
Will you commit to take the required Ethics Training?	Yes	No
Will you be available to attend the Council meeting in which your appointment will be discussed?	Yes	No
Other relevant work or volunteer experience: (Please list the Organization, its Address, your Position and the Dates Served.)		

Please provide a brief statement indicating why you are interested in serving/or renewing your service on this committee.

**STATEMENT OF QUALIFICATIONS:**

Please provide a brief statement indicating why you feel you are qualified or what you would like to offer to be considered for the appointment. Attach another sheet if you like.

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