

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



Last: _____ First: _____ Initial: _____

The 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 Residence Address: _____

Mailing Address: _____

Business Address: _____

Business Phone: _____ Personal/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: | Harbor Committee: | Planning Board: |
| Assessment Review Board: | Housing Authority: | Task Force on Climate: |
| Conservation Commission: | Marine Resources Committee: | Sustainable Tourism |
| Design Review Board: | Parks & Recreation: | Task Force: |

Education:

Bar Harbor Boards or Committees on which you currently serve or have served:

_____ Years Served: _____

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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: _____