



**Application Form**  
Boards, Committees, Commissions  
and Appointed Positions

Please check which of the following are of interest to you

- |  |   |   |
|--|---|---|
| <input type="radio"/> Board of Administration          | <input type="radio"/> Housing Authority         | <input type="radio"/> Recreation Commission     |
| <input type="radio"/> Board of Assessment Review       | <input type="radio"/> Library Board of Trustees | <input type="radio"/> Redevelopment Agency      |
| <input type="radio"/> Budget Board                     | <input type="radio"/> Juvenile Hearing Board    | <input type="radio"/> Sewer Commission          |
| <input type="radio"/> Conservation Commission          | <input type="radio"/> Personnel Board           | <input type="radio"/> Zoning Board of Review    |
| <input type="radio"/> Extended Care Board of Directors | <input type="radio"/> Planning Board            | <input type="radio"/> Other (please name board) |

Please provide the following personal information. Please Print

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

Restrictions: If you prefer not to be contacted at specific locations or times, please specify.

\_\_\_\_\_  
\_\_\_\_\_

Town Charter provisions adopted in November 2010 require that all regular and alternate members of Boards and Commissions shall be qualified electors of the Town of Burrillville.

- Are you a registered voter in the Town of Burrillville?  Yes  No
- Based on the current voter registration card on file with the Town, what political affiliation do you have?  
 Democrat  Republican  Unaffiliated

Please indicate your reason(s) for seeking appointment to the above board(s) or committee(s). Use separate sheet if necessary. If you have a current resume, please attach a copy.

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any days or times of day that you would be unable to attend meetings.

\_\_\_\_\_  
\_\_\_\_\_

(Signature of Applicant) \_\_\_\_\_ (Date) \_\_\_\_\_

**Please Return to:** Burrillville Town Clerk's Office  
105 Harrisville Main St.  
Harrisville, RI 02830-1499

Phone: (401) 568-4300  
FAX: (401) 568-0490  
TTY: RI Relay 1-800-745-5555  
email: townclerk@burrillville.org