

# TOWN OF BARRINGTON, NH



## Application For Appointment Request - Board/ Commission/ Committee

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(last) (first) (day) (evening)

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

Barrington Resident Since: \_\_\_\_\_

1. I am applying for one or more of the following in order of preference (1 = first choice, 2 = second choice, 3 = third choice, etc.)

- |   |   |
|---|---|
| <input type="checkbox"/> Economic development Committee   | <input type="checkbox"/> Recycling Center       |
| <input type="checkbox"/> Planning Board                   | <input type="checkbox"/> Friends of the Library |
| <input type="checkbox"/> Regional Planning Commission Rep | <input type="checkbox"/> Firemen's Association  |
| <input type="checkbox"/> Conservation Commission          | <input type="checkbox"/> Ambulance Association  |
| <input type="checkbox"/> Historical Society               | <input type="checkbox"/> Food Pantry            |
| <input type="checkbox"/> Advisory Budget Committee        | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Zoning Board of Adjustment       | _____   |
| <input type="checkbox"/> Recreation Commission            |   |

2. For my appointment, please consider the following:

a. Occupation: \_\_\_\_\_

b. Employer: \_\_\_\_\_

c. If appointed, do you feel there is any conflict of interest with your personal beliefs, occupation, or employer?      Yes                  No

d. Education: \_\_\_\_\_

e. Relevant Experience: \_\_\_\_\_

\_\_\_\_\_

f. Volunteer Time Available: \_\_\_\_\_

g. Any previous appointments to any board for the Town of Barrington or the School District? (if yes, please describe): \_\_\_\_\_

\_\_\_\_\_

h. Are you willing to serve as an alternate?      Yes                  No

i. Are you willing to serve on a sub-committee?      Yes                  No

3. I would like to improve the following: \_\_\_\_\_

\_\_\_\_\_

4. I am seeking this appointment because: \_\_\_\_\_

\_\_\_\_\_

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

*Please return this application to: Town Offices, P.O. Box 660, Barrington, NH 03825 or call 603-664-9007.*