



# TOWN OF WINDHAM, CT

979 Main Street  
Willimantic, Connecticut 06226-2200  
Phone: (860) 465-3006 • Fax: (860) 465-3110  
www.windhamct.com

## APPLICATION FOR APPOINTMENT TO TOWN BOARDS, COMMITTEES AND/OR COMMISSIONS

To help the Town of Windham Council get to know those being forwarded for consideration for appointment by the Mayor to a Town Board, Committee and/or Commission the following information is requested of prospective appointees. Please note most appointments require you to be a Windham resident and a registered voter.

Please check one of the following:  New Appointment       Reappointed

Please name the Board, Committee, and/or Commission on which you would like to serve:

\_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Cellular #: (\_\_\_\_\_) \_\_\_\_\_

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

Please check Yes ( ) or No ( ) if you would like your information release.

How long have you lived in the Town of Windham? \_\_\_\_\_

Are you registered voter of the Town of Windham? \_\_\_\_\_

Briefly explain why you are interested in serving on this body and what you would like to accomplish?

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

Please provide a brief resume of your education and employment experience:

Education (Degree/Major): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you anticipate any conflict of interest if appointed, if yes, please explain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If appointed, when could you meet (morning, afternoon, evening, anytime)? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date