



## Town of Mansfield

### Application to Serve on a Board, Commission, Committee or Study Group

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

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

Telephone No. (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1. Are you a registered voter in Mansfield? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Town Boards, Commissions, Committees:

Airport Commission	Historical Commission
Animal Welfare Committee	Industrial Development Commission
Board of Assessors	Library Trustees
Cable Access Board of Directors	Municipal Building Committee
Conservation Commission	Planning Board
Council on Aging	Recreation Commission
Cultural Council	WWII Scholarship Fund Committee
Finance Committee	Zoning Board of Appeals
Board of Health	Keep Mansfield Beautiful Committee
Other: _____	

2. Please mark your two choices in order of preference:

A. \_\_\_\_\_ B. \_\_\_\_\_

3. Why do you want to serve on this particular Board, Committee, or Commission?

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4. Please state three attributes you can bring to this Board, Committee, or Commission.

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5. Have you attended any meetings of this Board, Committee, or Commission? **(Optional)**

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6. Are there any changes you would like to make if you are appointed to this Board, Committee, or Commission?

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7. What is your availability? Nights? Weekends?

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8. Do you regularly attend Town Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you ever served on a Board, Committee, or Commission in the Town of Mansfield?  
Yes \_\_\_\_\_ No \_\_\_\_\_

10. If you answered “yes” above, please list the Boards, Committees, and/or Commissions you have served on:

A. \_\_\_\_\_ Dates: \_\_\_\_\_

B. \_\_\_\_\_ Dates: \_\_\_\_\_

11. Please list your present employer:  
**(Optional)**

Employer:

Position:

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12: Please list any skills or specialized knowledge you can bring to this Board, Committee or Commission.

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13. Education Background:

Name and Location	Graduated (Yes or No)	Degree(s)
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Other Secondary: \_\_\_\_\_

14. Please list any professional affiliations (**Optional**):

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

15. Please list any other specialized interests and hobbies (**Optional**):

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

16. Please provide any additional information you feel may be helpful while reviewing your application.

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

I will read a copy of the Massachusetts General Laws Chapter 268A “Conflict of Interest” provided by the Town Clerk, if appointed, and to the best of my ability agree to abide by the provisions of the statute.

\_\_\_\_\_  
Signature