



TOWN OF WINTHROP TOWN COUNCIL

COMMITTEE, BOARD OR COMMISSION APPLICATION

NAME OF THE COMMITTEE, COMMISSION OR BOARD
TO WHICH YOU ARE APPLYING:

INSTRUCTIONS: Please print clearly. Complete both pages. Attach additional sheets as necessary. Sign and return to Town Council clerk, located within the Town Clerk's Office, Town Hall, 1 Metcalf Square, Winthrop, Massachusetts 02152. Thank you for your interest in serving the Town of Winthrop.

PERSONAL DATA:

APPLICANT NAME:

_____ First, Middle Initial, and Last Name

RESIDENTIAL ADDRESS:

_____ Street Number and Address

WINTHROP, MASSACHUSETTS 02152

CONTACT INFORMATION:

_____ Home Telephone

_____ Business Telephone

E-mail Address: _____

PLEASE CHECK:

Employed

Retired

Other: _____

IF EMPLOYED:

EMPLOYER: _____

ADDRESS: _____

POSITION: _____

OTHER RELEVANT EMPLOYMENT:

EDUCATIONAL BACKGROUND:

**NUMBER OF YEARS AS A RESIDENT OF THE TOWN OF WINTHROP
HOW MUCH TIME ARE YOU ABLE TO GIVE?**

OTHER INFORMATION: Please answer the following questions.

1. List your involvement on other municipal committees, commissions or boards, civic organizations, school or neighborhood groups whether in the Town of Winthrop or another community. Please include any offices held.

2. Why are you interested in this position and what particular skills would you bring to this organization?

3. Have you ever attended a meeting of this committee, board or commission? YES NO

4. What is your vision for the Town of Winthrop?

5. Do you or any member of your family have any business dealings with the Town? YES NO

If, yes, Please explain. (Note that rules of law or ethics may prohibit members from participating in or voting on matters in which they have a direct or indirect financial interest.)

Please return this application with any supplemental sheets to the Town Council clerk, located within the Town Clerk's Office, Town Hall as indicated on the first page of the application. You may visit our website for additional information on various committees, commissions or boards at <http://www.town.winthrop.ma.us>. Or call us by phone at 617-846-1742, Ext. 116.

I hereby certify that I am a resident of the Town of Winthrop.

SIGNED:

DATE:

Signature of Applicant

Date of Application filing

For Official Use:

REVIEW BY THE COUNCIL PRESIDENT:

Recommended for Appointment Not Recommended for Appointment

COMMENTS:

Signed by Council President:

Date:

VOTED BY TOWN COUNCIL:

SIGNED:

Approved as per the Recommendation

Denied

Date: _____