

Town of Fairhaven

40 Center Street Fairhaven, MA 02719 Tel: (508) 979-4023 selectboard@Fairhaven-MA.gov

VOLUNTEER APPLICATION

Residents interested in serving on a Town Board, Committee or Commission are requested to complete this form and send it to the Select Board Office at the Town Hall.

(Please print or type)		Date:
Title:	First Name:	Last Name:
Mr. Mrs. Ms. Dr.		
Street Address:		
Email Address:		Preferred Phone Number:
Liliali Address.		Freierreu Filone Number.
How long have you be	en a Fairhaven resident?	
Trow long have you be	en a rannaven resident:	
What Board(s) or Com	mittee(s) are you interest	ed in joining?
Have you attended a	a meeting of this Board	of Committee? YES NO
		ny Town of Fairhaven Boards? If so, please indicate
what Board and num	nber of years	
		
Interests and Qualifica	ations (tell us about yourse	elf) – use additional paper if needed

Thank you for your interest in volunteering! If you have questions, please contact the office of the Select Board at (508) 979-4023 ext. 2 or e-mail selectboard@Fairhaven-MA.gov.