

## **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:
		I
How long have you bee	en a Fairhaven resident?	
What Board(s) or Comr	mittee(s) are you interest	ed in joining?
Have you attended a	meeting of this Board o	of Committee? YES NO
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Have you (or are you what Board and num		y Town of Fairhaven Boards? If so, please indicate
Interests and Qualificat	tions (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 <a href="mailto:selectboard@Fairhaven-MA.gov">selectboard@Fairhaven-MA.gov</a>.