



**Town of Belhaven
Board/Committee Volunteer Form**

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY, STATE ZIP: _____

PHONE: _____ EMAIL: _____

VOLUNTEER BOARD/COMMITTEE OF INTEREST (check 1)

- | | | |
|---|---|--|
| <input type="checkbox"/> Planning Board | <input type="checkbox"/> Board of Adjustments | <input type="checkbox"/> Human Relations Commission |
| <input type="checkbox"/> Community Appearance Committee | <input type="checkbox"/> Celebrations Committee | <input type="checkbox"/> Recreation Advisory Committee |
| <input type="checkbox"/> Public Buildings Committee | | |

How long have you lived in Belhaven? _____

Why do you wish to serve on this committee? _____

Briefly describe what experience you have that will make you a good candidate for this board/committee position? _____

Do you have any potential conflicts of interest that could interfere with your active participation on this board/committee? ☐ NO ☐ YES, please explain.

Signature: _____

The Belhaven Board of Aldermen make appointments to boards and commissions as vacancies occur.

Thank you for your interest in serving as a volunteer for the Town of Belhaven.