

**TOWN OF GREENE**  
**PLEASE CHECK APPROPRIATE SQUARE:**

APPLICATION FOR APPOINTMENT TO TOWN BOARDS

APPLICATION FOR RE-APPOINTMENT TO TOWN BOARDS

APPLICATION FOR APPOINTMENT FROM ALTERNATE TO FULL MEMBER

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Please indicate any special qualifications or any experience that you may think many be helpful in your choice of Board or Committee:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ How long a resident

Please check area of interest

<input type="checkbox"/> Appeals Board	<input type="checkbox"/> Greene Community Scholarship Committee
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Capital Improvement Committee
<input type="checkbox"/> Cable TV Committee (WGLT TV7)	<input type="checkbox"/> Conservation Commission
<input type="checkbox"/> Planning Board	<input type="checkbox"/> Sabattus Lake Dam Commission
<input type="checkbox"/> Solid Waste Committee	<input type="checkbox"/> Parks & Recreation Committee
<input type="checkbox"/> Greene Comprehensive Plan	
<input type="checkbox"/> Greene Village Celebration	

Any Comments or suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any known conflict of interest: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for application to this Board/Committee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have \_\_\_\_/have not \_\_\_\_ attended at least two meetings of the Board for which application is being made. I agree to attend all meetings, except for sickness or emergency, and will advise the chairperson when I am unable to attend, if appointed.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

Please return this form to Town Office, Town of Greene, 220 Main St, Greene, Me 04236  
 Phone (207) 946-5146, fax (207) 946-2102