



OFFICE OF THE SELECT BOARD  
**TOWN OF EAST BRIDGEWATER**

*www.eastbridgewaterma.gov*  
175 CENTRAL STREET  
EAST BRIDGEWATER, MASSACHUSETTS 02333-1912  
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Telephone: 508-378-1601  
Facsimile: 508-378-1636

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**APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO  
BOARDS/COMMITTEES**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Board or Committee for which (re) appointment is sought: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone (For Public Use): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Release Email to Public:    Yes    No

Occupation / Title: \_\_\_\_\_

Please describe any special knowledge, abilities, background or interests which you feel will provide a positive contribution to the goals and purposes of the board / committee for which you are seeking (re)appointment. (A resume may be attached if desired.)

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What other board/committee have you served on? \_\_\_\_\_

How long did you serve on this board/committee? \_\_\_\_\_

Are you able to attend all meetings?        Yes        No

If no, please explain: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date on Board Agenda: \_\_\_\_\_

Term of Office: \_\_\_\_\_ Approval: Yes    No

Fills Vacancy: Yes    No                      Appointment Letter Sent: Yes    No

**Note:** You may fax this form to the Select Board's Office at 508-378-1636, mail to 175 Central Street East Bridgewater, MA 02333, or email to [rjohnson@eastbridgewaterma.gov](mailto:rjohnson@eastbridgewaterma.gov)