



TOWN OF TOPSFIELD
BOARD OF SELECTMEN
COMMITTEE, BOARD OR
COMMISSION VOLUNTEER FORM

NAME OF THE COMMITTEE, COMMISSION
OR BOARD TO WHICH YOU ARE APPLYING:

INSTRUCTIONS: Please print clearly. Complete both pages. Attach additional sheets as necessary. Sign and return to Selectmen's Office, Town Hall, 8 West Common Street, Topsfield, Massachusetts 01983. Thank you for your interest in serving the Town of Topsfield.

PERSONAL DATA:

APPLICANT NAME:

First, Middle Initial, and Last Name

RESIDENTIAL ADDRESS:

Street Number and Address

TOPSFIELD, MASSACHUSETTS 01983

CONTACT INFORMATION:

Home Telephone

Business or Cell Telephone

E-Mail Address: _____

PLEASE CHECK:

☐ Employed

☐ Retired

☐ Other: _____

IF EMPLOYED:

EMPLOYER: _____

ADDRESS: _____

POSITION: _____

OTHER RELEVANT EMPLOYMENT:

EDUCATIONAL BACKGROUND:

NUMBER OF YEARS AS A RESIDENT OF TOPSFIELD? _____

HOW MUCH TIME ARE YOU ABLE TO GIVE? _____

OTHER INFORMATION: Please answer the following questions.

1. List your involvement on other municipal committees, commissions or boards, civic organizations, school or neighborhood groups whether in Topsfield or another community. Please include any offices held on any of the groups listed.

2. Why are you interested in this position and what particular skills would you bring to the organization?

3. Have you ever attended a meeting of this committee? ☐ YES ☐ NO

4. What is your vision of the Town of Topsfield?

5. Do you or any member of your family have any business dealings with the Town? ☐ YES ☐ NO

If yes, please explain. (Note that rules of law or ethics may prohibit members from participating in or voting on matters in which they have a direct or indirect financial interest.)

Please return this application with any supplemental sheets to the Board of Selectmen's Office, Town Hall, 8 West Common Street, Topsfield, MA 01983. You may visit our website for additional information on various committees, commissions or boards at <http://www.topsfield-ma.gov>. Or call us by phone at 978-887-1500.

SIGNED: _____ DATE: _____

For Official Use:

REVIEWED BY COMMITTEE, BOARD OR COMMISSION:

☐ Recommended for Appointment ☐ Not Recommended for Appointment

COMMENTS:

Signed by the Committee, Board or Commission Chairman: _____

VOTED BY THE BOARD OF SELECTMEN:

☐ Approved per the recommendation
☐ Denied

SIGNED:

Date: _____