



Town of Alton, NH

Board of Selectmen | Town Administrator
PO Box 659 1 Monument Square Alton, NH 03809
Office: 603-875-2161 Fax: 603-651-0732

Application of Appointment to a Board, Commission or Committee

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Phone: _____ Position: _____

Appointment Requested (Name of Board, Commission, Committee): _____

Please state your reasons for wanting to serve: _____

List any other Boards, Committees etc. that you have served on: _____

Describe any qualifications, licenses, coursework, training, strengths and/or characteristics that are applicable to the appointment: _____

Length of Term Desired: 1 Year 2 Years 3 Years

Availability for meetings (check as applicable)

Weekly Daily Days Evenings Mondays

Best Day(s): _____ Best Time: _____

If appointed, is there a potential for conflict of interest?

Yes No Please explain: _____

(Note: Answering "Yes" does not automatically disqualify an applicant; disclosure is mandatory)

Are you a registered voter in the Town of Alton? Yes No

Person to Notify in case of an Emergency (Name and Telephone Number)

Signature: _____ Date: _____ 1