Town of Carver

Application to be Appointed to a vacancy on a Committee/Commission or Board

PLEASE PRINT ONLY

Name of Applicant: _____ Phone: _____

Mailing Address: _____

Street Address (if different): _____

E-mail: _____

Interested in Serving on: _____

Briefly state why you would like to be appointed, professional & personal qualifications, etc.

Signature of Applicant: _____

Date: _____

Please return completed application to: *Board of Selectmen*
108 Main Street
Carver, MA 02330