

**TOWN OF OXFORD
BOARD AND COMMISSION VOLUNTEER APPLICATION**

First Name: _____ Last Name: _____ MI: _____

Property Address: _____

Primary Residence: Y / N (*circle one*) Years at this Residence: _____

Phone Number: _____ Email: _____

Occupation: _____ Retired: Y / N (*circle one*)

Employer: _____

Additional Work Experience: _____

(Attach extra sheets if needed)

Please circle the board(s) or commission(s) you are interested in serving on:

Board of Zoning Appeals Planning Commission Historic District Commission

Board of Port Wardens Board of Elections Ethics Committee

Parks and Recreation Other: _____

Please list why you are interested in serving on the board(s) or commission(s) circled, your qualifications, and any special interests that should be considered during the appointment process: _____

(Attach extra sheets if needed)

Applicant Signature

Date