



Town of Sanbornton

Board/Commission Volunteer Application

Name: _____ Date: _____

Board: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

How long at present address: _____ Phone: _____

Education: _____

Relevant Experience: _____

Community Interests / Civic Organizations: _____

Employer: _____

References: _____

Is this a first-time application? Yes ___ No ___ Is this a re-appointment? Yes ___ No ___

Position: Regular or Alternate Replacing: _____

Board of Selectmen: Approval Disapproval *Term Expires:* _____

John Olmstead

Jim Dick

Bob Lambert

Please send completed application form to the Board of Selectmen's Office,
PO Box 124, Sanbornton, NH 03269 or to townadministrator@sanborntonnh.org