



TOWN OF BARRINGTON

Boards and Commissions Application

This form will be used by any person interested in serving on the various committees of the Town.

APPLICANT: Name: _____

Home Address: _____

Business Address: _____

Email: _____

Telephone: Home: _____ Office: _____

VOLUNTEERING SERVICES TO: _____
Name of Committee

EDUCATION:	School	City, State	Degree
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High School: _____

College: _____

Other: _____

EMPLOYMENT HISTORY: (List most recent employment first)

Name of Company	City, State	Type of Work
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ADDITIONAL INFO: Have you ever served on a committee in Barrington? Yes No

Have you ever served on a committee in another community? Yes No

Please list:

Other volunteer experience (name of organization, position):

How long have you resided in Barrington? _____

Previous address: _____

Please briefly explain your reason(s) for applying for an appointment to this committee:

What special talents and experience do you possess which would be useful to the committee?

Would you be representing any organization? Yes No

If yes, which one? _____

THE TOWN OF BARRINGTON DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN THE EMPLOYMENT OR PROVISION OF SERVICES.

Please be advised that pursuant to Chapter 2 of Title 38 of the Rhode Island General Laws, all the information provided by you to the town in connection with your application for an appointment to a town board/committee is deemed a Public Record subject to disclosure to any person who requests the same.

Applicant's signature: _____

Date: _____

RETURN THIS FORM TO: TOWN CLERK
TOWN HALL, 283 COUNTY ROAD
BARRINGTON, RI 02806
EMAIL: mcross@barrington.ri.gov