

**TOWN OF PEMBROKE**  
**Office of the Selectmen**  
**100 Center Street**  
**Pembroke, MA 02359**  
**Tel: (781) 293-3844 or Fax: (781) 293-4650**

Completing this form is one way to indicate your interest in being considered for appointment to some of the Boards, Commissions and Committees appointed by the Board of Selectmen. All appointments remain at the discretion of the Selectmen.

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Telephone: Home: \_\_\_\_\_ Cell/Business: \_\_\_\_\_

\*Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

\*Do you **reside in the Town of Pembroke**? Yes \_\_\_ No \_\_\_ How Long? \_\_\_\_\_

\*Are you a **registered voter** in the Town? Yes \_\_\_ No \_\_\_

Age Group: Under 18: \_\_\_ 18-34: \_\_\_ 35-60 \_\_\_ Over 60 \_\_\_

Education: Elementary: \_\_\_ High School \_\_\_ College \_\_\_ Graduate \_\_\_

Degrees/Majors: \_\_\_\_\_

Certification or other Vocational Training: \_\_\_\_\_

Other Skills: \_\_\_\_\_

Volunteer Experience and other Previous or Current Community Involvement  
(give dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(if additional space is needed, please attach a separate sheet of paper)

\*If you are appointed, could you meet: Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

What do you feel you can contribute to the community that may not be evident from information already on this form? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please check three (in order of preference i.e., 1-2-3) of the Town Boards, Commissions, and Committees for which you would like to be considered for appointment.

There currently may or may not be positions vacant on these boards.

|  |   |
|--|---|
| <input type="checkbox"/> Affordable Housing                      | <input type="checkbox"/> MAPC Representative                |
| <input type="checkbox"/> Cable Advisory Committee                | <input type="checkbox"/> Alternate, MAPC                    |
| <input type="checkbox"/> Conservation Commission                 | <input type="checkbox"/> MBTA Advisory Board                |
| <input type="checkbox"/> Drainage Commission                     | <input type="checkbox"/> Open Space Committee               |
| <input type="checkbox"/> Energy Study Committee                  | <input type="checkbox"/> Plymouth County Advisory Board     |
| <input type="checkbox"/> Herring Superintendent                  | <input type="checkbox"/> Recreation Commission              |
| <input type="checkbox"/> Alternate, Herring Fisheries Commission | <input type="checkbox"/> Town Landing Committee             |
| <input type="checkbox"/>   | <input type="checkbox"/> Alternate, Zoning Board of Appeals |
| <input type="checkbox"/>   | <input type="checkbox"/>                                    |

Please list three individuals in the city who may be contacted when considering you for an appointment.

| Name  | Address | Telephone<br>(home) (work) |
|-------|---------|----------------------------|
| _____ | _____   | _____                      |
| _____ | _____   | _____                      |
| _____ | _____   | _____                      |

\* SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\* REQUIRED FIELDS