

TOWN OF PORTSMOUTH, RHODE ISLAND



**BOARDS/COMMISSIONS/COMMITTEES  
APPLICATION**

DATE: \_\_\_\_\_ NEW APPOINTMENT: \_\_\_\_\_ RE-APPOINTMENT: \_\_\_\_\_

**BOARD/COMMISSION/COMMITTEE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

WORK EXPERIENCE RELATED TO THE POSITION BEING APPLIED FOR:

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IF RE-APPOINTMENT: PERCENTAGE OF MEETINGS ATTENDED DURING PREVIOUS  
TERM: \_\_\_\_\_

PROVIDE A BRIEF EXPLANATION OF YOUR INTEREST IN THIS POSITION:

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SIGNATURE OF APPLICANT: \_\_\_\_\_

**For File Purposes Only:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

TELEPHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**For Design Review Board, Planning Board or Zoning Board applicants only:**

PRESENT EMPLOYER NAME & ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

IF LESS THAN 2 YEARS, PREVIOUS EMPLOYER: \_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_