



Board of Selectmen

65 North Main Street
West Bridgewater, MA 02379
Telephone (508) 894-1267
Fax (508) 894-1269

VOLUNTEER INFORMATION FORM

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Board/Committee for which you are applying: _____

Second Choice of Board/Committee, if any: _____

Please outline any relevant experience for the appointment sought:

Please outline any education, or training that may be relevant to the appointment sought:

Please list any prior volunteer experience or service on Town Boards:

Please list special skills or talents pertinent to the appointment sought:

Please explain why you are applying for this position:

Please save the completed form and send via email to: ceaton@wbridgewater.com. This form will serve as your official application for a volunteer position. You may also attach a resume to the email. We will confirm receipt of your application and let you know if an interview is required. You may also fax your completed form to 508-894-1269 or mail the form to Board of Selectmen, 65 North Main Street, West Bridgewater, 02379. Thank you for your desire to serve the Town.