



# 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:

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

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

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

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Please explain why you are applying for this position:

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Please save the completed form and send via email to: [ceaton@wbridgewater.com](mailto: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.