TOWN OF SUDBURY APPLICATION FOR APPOINTMENT

SELECT BOARD 278 OLD SUDBURY ROAD SUDBURY, MA 01776 FAX:

(978) 443-0756

E-MAIL:

selectboard@sudbury.ma.us

Name:Patricia A Tabloski	
Address:35 Maple Ave. Unit 301	Email Address: Tabloski@bc.edu
Home phone:	Work or Cell phone: 978-457-4028
Years lived in Sudbury: 12	
Brief resume of background and pertinent exper	rience: the School of Nursing. I teach aging and geriatrics elated to health of older adults and recognition and
Municipal experience (if applicable): I have previously served on the Council on	Aging.
Educational background: PhD in gerontological nursing from the Univ	versity of Rochester.
Reason for your interest in serving: Have input into the development of aging programm Contribute to the ongoing development of services f	ning in the soon to be completed Community Center. for older adults in Sudbury.
Times when you would be available (days, ever Flexible schedule.	nings, weekends):
Do you or any member of your family have any No.	business dealings with the Town? If yes, please explain:
PT (Initial here that you have read, unde	erstand and agree to the following statement)
I agree that I will conduct my committee activit	therance of the committee's mission statement; and further, ties in a manner which is compliant with all relevant State not limited to the Open Meeting Law, Public Records Law, Code of Conduct for Town Committees.
	on for appointment to the Board or Committee listed above.
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