

TOWN OF SUDBURY
APPLICATION FOR APPOINTMENT TO
COMMISSION ON DISABILITY

BOARD OF SELECTMEN
278 OLD SUDBURY ROAD
SUDBURY, MA 01776

FAX: (978) 443-0756
E-MAIL: selectmen@sudbury.ma.us

Name:

Brief resume of background and experience:

Address:

Home phone:
Work phone:

Years lived in Sudbury:

E-Mail Address:

Municipal experience (If applicable):

Educational background:

Employment and/or other pertinent experience:

I consider myself disabled: Yes No

I am (circle where appropriate) the spouse, sibling, parent, other relative, of a person with disabilities.

Reason for your interest in serving/areas of interest for people with disabilities:

Times when you would be available (days, evenings, weekends):

Do you or any member of your family have any business dealings with the Town? If yes, please explain:

_____ (Initial here that you have read, understand and agree to the following statement)

I agree that if appointed, I will work toward furtherance of the committee's mission statement as adopted by the Board of Selectmen and further, I agree that I will conduct my committee activities in a manner which is compliant with all relevant State and Local laws and regulations, including but not limited to the Open Meeting Law, Public Records Law, Conflict of Interest Law, Email Policy and the Code of Conduct for Town Committees.

I hereby submit my application for consideration for appointment to the Commission on Disability.

Signature _____ Date _____