



## RESUME FOR APPOINTMENT TO A TOWN AGENCY, BOARD OR COMMISSION

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

**Educational Background:**

- High School
- College
- Additional Schooling

**Employment Experience:**

**Civic Activity:**

**Political  
Affiliation:**

Democrat

Republican

Unaffiliated

Other

**I hereby request appointment to the following Agency, Board or Commission:**

Advisory Board of Senior Citizens	Arts Commission	Board of Assessment Appeals	Board of Ethics	Bolton Lakes Regional Water Pollution Control Authority	Capital Improvement Committee
Cemetery Commission	Conservation Commission	Design Review Commission	Drug & Alcohol Prevention Council	Economic Development Commission	Energy Improvement District
Human Services Advisory Commission	Inland Wetland Commission	Local Historic Properties Commission	Municipal Flood & Erosion Control Board	North Central District Health Department	Open Space Task Force
Pension Board	Permanent Municipal Building Committee	Planning & Zoning Commission	Risk Management Committee	Vernon Housing Authority	Vernon Traffic Authority
Water Pollution Control Authority	Youth Services Bureau	Zoning Board of Appeals			

Date:

Signature

*Please return this form to Office of the Mayor, Memorial Building 14 Park Place, Vernon CT 06066  
Or email to Diane Wheelock at [Dwheelock@vernon-ct.gov](mailto:Dwheelock@vernon-ct.gov)*