



**TOWN OF DENNIS
TALENT BANK FORM**

685 Route 134, South Dennis, MA 02660, (508) 394-8300

Please submit this application to the Select Board's Office. A list of Committees and Boards is available in the Select Board's Office or on the Town's website, www.town.dennis.ma.us, on the Boards & Committee's page.

Name: _____ Date: _____

Residence: _____ Email: _____

P.O. Box _____ Phone (H) _____

Village & Zip Code _____ Phone (C) _____

Occupation / Title _____

Education _____

1. What Board/Committee are you applying for? _____

1a. *If applicable*, are you seeking a: **Full Member** position **Alternate/Associate** position

2. If you are not appointed to this Board/Committee, please list in order of preference, what other Board/Committees you are willing to be considered for: _____

3. How long have you lived in Dennis? _____

4. Are you a registered voter? Yes No

6. How did you hear about the Board/Committee? _____

7. Why are you seeking an appointment? _____

8. What is your experience or knowledge regarding the duties of this Board/Committee?



9. Please list any education, experience, professional achievement, previous occupation, skills, or special interests you may have that will assist you with this Board/Committee. _____

10. How many times the last year have you attended or watched a meeting of the Board/Committee to which you would like to be appointed? _____

11. Would there be a possible conflict of interest if you were appointed to this Board/Committee?
Yes No If yes, please explain: _____

12. Have you ever had an application before the Board/Committee to which you are requesting an appointment? Yes No
If yes, please explain: _____

13. Please list all other Board/Committee's on which you have served in this or other towns. _____

The filling out of this form in no way assures appointment. All board/committee vacancies will be filled by citizens deemed most qualified to serve in a particular capacity. Please return this form to the Select Board's Office.

My application will be kept on file for two (2) years; after that I must file a new application. I understand that I will be required to take the Conflict of Interest test after being appointed and that I also must be sworn in by the Town Clerk. I will contact the appointing authority with any questions about my service.

Applicant's signature: _____ Date: _____