



SELECTMEN'S OFFICE
6 Walker Street, Lenox, MA 01240
413/637-5500 X-7

**Serve Your Community
TOWN OF LENOX
COMMITTEE APPLICATION**

Name: _____
Last First Middle

Address: _____
Number/Street P.O. Box City State Zip

Telephone: _____
Home Work (Hours) Email

What aroused your interest in serving the town?

_____ Newspaper Ad _____ Friend _____ Legal Notice _____ Other

Have you previously served on a Town Committee? _____

If so, when? _____ Which Committee(s)? _____

Work Experience: _____

Educational Background: _____

What are your community interests? _____

Are you available on a year-round basis? _____

I believe I could contribute _____ hours a month.

I would like to serve Lenox and might be interested in serving on the following Committees.

If more than one, please indicate preference, 1, 2, 3, etc.

_____ Academy Building Committee	_____ Historic District Commission
_____ Affordable Housing	_____ Historical Commission
_____ Cable Advisory Committee	_____ Kennedy Park Committee
_____ Community Center Board	_____ Lenox Cultural Council
_____ Community Preservation Committee	_____ Police Traffic Officer
_____ Conservation Commission	_____ Registrar of Voters
_____ Environmental Committee	_____ Scholarship Committee
_____ Finance Committee	_____ Zoning Board of Appeals

RETURN TO: Board of Selectmen, Town Hall - 6 Walker Street, Lenox, MA 01240

THIS APPLICATION WILL BE PLACED ON FILE FOR REFERENCE WHEN A VACANCY OCCURS.

If you wish to be **reappointed** to a position that you currently hold, please complete this section of the form:

Name: _____

Position currently held: _____

Term to be reappointed until: _____