



City of Bath
Application for (Re)Appointment
to City Board/Commission/Committee

Full Name: _____

Residence Address: _____

I live in Council Ward # (circle one) 1 2 3 4 5 6 7

Phone #: _____ E-mail address _____

Preferred Method of Contact? (circle one) phone email

I wish to be considered for: (circle one) appointment reappointment

(Name of Board/Commission/Committee)

We are asking applicants to attend some actual meetings of this committee and/or to speak with some members of the board/committee to get a sense of what the committee does before submitting their application. Information about the committee meetings, who is chair and committee membership is available from the City Clerk's office and on the City of Bath website.

Please list the following:

A) Date(s) you attended this committee's meetings:

B) Members of the committee or board with whom you spoke and when:

C) How did these experiences affect your interest in the committee?

Have you ever served on a City Board/Commission/Committee? (circle one) Y N

If yes, please list the Board/Commission/Committee and years of service:

Please outline past and present expertise/skills/employment that you think may be relevant (Resumes are welcome):

Why do you want to be a member of this Board/Commission/Committee or list your accomplishments during your last term(s)?

How many months are you away from Bath in a 12-month period?

Date

Signature

**Please return form to: City Clerk's Office, 55 Front Street, Bath, ME 04530 or email dwheeler@cityofbath.com
In order to be processed before the next Council meeting, applications must be received by the 15th of the month. If they are submitted after that date, they will be reviewed the following month.**

FOR USE BY CITY CLERK'S DEPARTMENT:

Date application received: _____

Received by: _____

Date emailed to Appointment Review Committee: _____

Date interviewed by Appointment Review Committee: _____

Date application on City Council agenda: _____

Date appointed by City Council: _____

Date applicant notified by City Clerk's office: _____

Date applicant sworn in: _____

Term to begin: _____

Term to expire: _____