TOWN OF HATFIELD
MASSACHUSETTS

MEMORIAL TOWN HALL
59 Main Street
Hatfield, MA 01038

(413) 247-9200 (413) 247-5029 FAX

Thank you for your interest in serving the Town of Hatfield. Please complete this application to be kept informed of volunteer opportunities and/or to apply for a specific position or fill a vacancy when one occurs. You may also be contacted based on your stated areas of interest for other opportunities to volunteer.

Date of Application:

Name:
Address:
Home Phone#: **Mobile Phone#:**
Email Address:

Indicate below which Board or Committee is of interest to you at this time:

Have you previously been a member of a Board, Committee or Commission (either in Hatfield or elsewhere)? If so, please list the Board name and your approximate dates of service:

Do you have any time restrictions? YES/NO
Please indicate day(s)/time(s) available:

Please list your present occupation and employer. (You may attach a resumé or CV.)

Do you, your spouse, or your employer have any current or potential business relationship with the Town of Hatfield that could create a conflict of interest? (If YES, please describe the possible conflict.)

Please outline any education, special training or other areas of interest you have that may be relevant to the appointment sought.

_____ _____

Signed **Date**