



Board of Selectmen

65 North Main Street
West Bridgewater, MA 02379
Telephone (508) 894-1267
Fax (508) 894-1269

VOLUNTEER INFORMATION FORM

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Board/Committee for which you are applying: _____

Second Choice of Board/Committee, if any: _____

Please outline any relevant experience for the appointment sought:

Please outline any education, or training that may be relevant to the appointment sought:

Please list any prior volunteer experience or service on Town Boards:

Please list special skills or talents pertinent to the appointment sought:

Please explain why you are applying for this position:

Please save the completed form and send via email to: mcole@wbridgewater.com or jlee@wbridgewater.com. This form will serve as your official application for a volunteer position. You may also attach a resume to the email. We will confirm receipt of your application and let you know if an interview by the Board of Selectmen is required. You may also fax your completed form to 508-894-1269 or mail the form to Board of Selectmen, 65 North Main Street, West Bridgewater, 02379. Thank you for your desire to serve the Town.