Town of Dighton
Board of Selectmen
979 Somerset Avenue
Dighton, MA 02715
Tel: (508) 669-5182
Fax: (508) 669-5667

Volunteer Information Form

Name: _____

Address: _____

Phone: _____ **Cell:** _____ **Email:** _____

Occupation: _____

Board/Committee for which you are applying:

_____

Board/Committee (2nd choice if any):

_____

Please outline any relevant experience for the position 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 any special skills or talents pertinent to the position sought:

_____

_____

_____

Please explain why you are applying for this position:

_____

_____

_____

Date: _____

This form will serve as your official application for a volunteer position. You may attach a resume to said form. Please submit your application by email to: kbrady@townofdighton.com, by fax: 508 669 5667, or by mail: Town of Dighton, Attention: Board of Selectmen, 979 Somerset Avenue, Dighton, MA 02715.