



All information provided on this application is public information and may be shared with others upon request.

The Town of Spring Lake APPLICATION FOR SENIOR ENRICHMENT PROGRAM ADVISORY COMMITTEE

Last Name	First	Middle	Date
Street Address			County
City, State, Zip Code			
e-Mail			
Home phone			
Cell phone			
Do you live inside the city limits of Spring Lake? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently serving on a Board/Committee of the Town of Spring Lake ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, What is the name(s) of the Board(s)/Committee(s):			
Please describe your education, training and background (both work and/or real world) that relates to your interest in serving in this capacity)			

Are You currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer
Employer's Address
Job Title
Description of Job duties
List/describe any anticipated conflicts of interest or scheduling challenges you may encounter if appointed:
Civic Involvement: Please list the names of all civic organizations in which you are currently involved:

Signature of Applicant

Date

Board of Aldermen Appointment Yes No

Date: _____

Term of Appointment: _____

Signature of Town Clerk: _____