

Committee Application



Submit Forms:
One Municipal Plaza, Suite One
Beacon, NY 12508

Phone: (845) 838-5010
FAX: (845) 838-5012
Email: cityofbeacon@cityofbeacon.org

Name

Address

Phone Number

Alternate Phone

Email Address

Committee You are
Interested In

- Board of Assessment Review
- Board of Ethics
- Conservation Advisory Committee
- Emergency Management Committee
- Human Relations Commission
- Planning Board
- Recreation Committee
- Traffic Safety Committee
- Zoning Board of Appeals
- Any of the above
- Other

Available number of
Hours per week (for
Committee work)

Occupation

Employer

Work Address

Work Phone

Education

- Some High School
- High School Diploma
- Some College
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

Interest & Skills

**Areas of Expertise
(business & civic)**

Reference

Reference Name

Address

Phone

Email Address

Relationship

Please include your resume along with this application.

I agree that by submitting this application, I am electronically signing the application. I solemnly declare that the information I have provided is true.

Applicant Signature: _____

Date: _____