



# JUVENILE HEARING BOARD

## CITIZEN APPLICATION Membership on Board or Commission

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax)

\_\_\_\_\_ E-Mail

Registered Voter? Yes \_\_\_ No \_\_\_ Political Party Affiliation \_\_\_\_\_

Reason why you believe you are suited to provide service on *this* particular board or commission

\_\_\_\_\_  
\_\_\_\_\_

Please note any *other* board(s) or commission(s) you may be interested in serving on:

\_\_\_\_\_

Reason why you believe you are suited to provide service on these particular board(s) or commission(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the reverse side of this application, offer any other additional information about yourself to help us in making our decision on the best board or commission to appoint you to. Also, you may wish to attach a resume or letter of interest to further demonstrate your level of experience, expertise, or interest.

Thank you for your interest in serving your community.

This application can be printed.

Kindly mail, fax or drop off application to:

Coventry Town Manager  
1670 Flat River Road  
Coventry, RI 02816  
Fax: 401-822-9139  
E-mail: [www.town.coventry.ri.us](http://www.town.coventry.ri.us)