

**Town of East Hartford  
Boards and Commissions  
Application**



**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Your name exactly as it appears on the E. Htfd. Voter Registration List

**Address:** \_\_\_\_\_ **Apt.#** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Years as an E.Hartford Resident:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
Employer/Work Address

**Formal Education/Certifications:** \_\_\_\_\_

**Party Affiliation:** Unaffiliated \_\_\_\_\_ Democrat \_\_\_\_\_ Republican \_\_\_\_\_ Minority Party \_\_\_\_\_  
As it appears on the E. Htfd. Voter Registration List

**Name of board or commission you wish to serve on:** \_\_\_\_\_

**Interest statement:**  
Your reason for being interested in serving our Town in this capacity

\_\_\_\_\_

\_\_\_\_\_

**List of qualifications that you believe will be an asset to the board/commission on which you wish to serve:**

\_\_\_\_\_

\_\_\_\_\_

In accordance with the Boards and Commissions Appointment Policy and Procedures Ordinances please initial your acknowledgment of the following statements;

I understand the commitment required for this appointment and have attended at least one meeting of the board/commission I am applying to serve on, and i understand that members who are absent for 30% or more of regular meetings will be presumed to have resigned from such board or commission.

I understand that I may be required to complete training and/or continuing education.

I understand that I must be a resident of the Town of East Hartford, have no criminal record considered by the town to be so serious that it should be a disqualification, not be an adversary party to pending litigation against the town, not be in arrears on any town taxes, fines, or other obligations owed to the town.

By submitting this Expression of Interest form and any accompanying resume or other information, you agree to the release of this information to the Mayor, Town Council, the Board or Commission to which you are applying, and to all appropriate Town administrative staff.

Signature		Date	
<b>Please return completed and signed form to:</b>	BCpost@easthartfordct.gov	<b>or mail to:</b>	Town of East Hartford Office of the Mayor 740 Main Street East Hartford CT 06108

*For internal use only:*

Mandatory Qualifications: Resident _____ T/O _____ C/R _____ T/C _____
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