



Town of West Warwick
1170 Main Street
West Warwick, RI 02893

BOARDS/COMMISSIONS/COMMITTEES

APPLICATION FORM
(PLEASE PRINT OR TYPE)
(ALL INFORMATION REQUIRED)

DATE: _____ NEW APPOINTMENT: _____ REAPPOINTMENT: _____

STATE OF RI BCI ATTACHED: YES: _____ NO: _____

BOARDS/COMMISSIONS/COMMITTEE: _____

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

EMPLOYER NAME & ADDRESS: _____

WORK EXPERIENCE: _____

EDUCATIONAL BACKGROUND: _____

PROVIDE AN EXPLANATION OF YOUR INTEREST IN THIS POSITION: _____

SIGNATURE OF APPLICANT