

Town of Amherst, NH Volunteer Application

Board/Committee/Commission you wish to	serve on:		
Applicant Name:			_
Residence Address:			
Mailing Address:			
Telephone: (Wo	rk)	(Cell)	-
E-mail Address:			
Time Available - Hours per month (Circ	le One): 2 5	10 20 30	
Other Boards/Committee/Commission Se	erved On (may inc	clude other cities/tow	vns):
Please submit a brief statement describing and what qualities/experience you will brin	•	_	
Signature	Date		
Please return this form and requested statements to:			
Nic Strong Town of Amherst 2 Main Street Amherst, NH 03031	or e-mail: nstr	ong@amherstnh.go	OV