



CITY OF BEACON

Committee Application Form

Yes I would like to serve on a City of Beacon Committee!

Committee Choice:	
<input type="checkbox"/> No Preference – Just willing to serve where needed.	<input type="checkbox"/> Willing to Help, Time Limited

Hours Per Month Available for Position:	
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BACKGROUND INFORMATION:

Name:		Home Phone	
Address			
Occupation		Work Phone	
Place of Employment Include Address			
Email Address:			

Education	<input type="checkbox"/> Grade School	<input type="checkbox"/> High School	<input type="checkbox"/> College	Highest Degree:
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Business and Civic Experience	
Areas of Expertise and Interest / Skills	

Reference Name:	
Address	
Phone	

Signature: _____ Date: _____

Some Committees have definite terms of service, some serve "at pleasure of" the administration. Your application will be kept on file for future reference if there is no opening at the present time. Thank You!

Please Return Your Application to the:
Office of the Mayor, Municipal Center, One Municipal Plaza, Suite One, Beacon, New York 12508-2530
Phone (845) 838-5010 Fax (845) 838-5012

www.cityofbeacon.org