

**Town of New Castle  
Experience Summary For  
Volunteer Town Boards & Commissions Appointments**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact: (Home#) (Bus#) (Cell#) (Email)  
( please circle one of the above )

Years in New Castle: \_\_\_\_\_

Particular Town Body of Interest: \_\_\_\_\_

Volunteer Experience:

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

Work Experience:

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

Key Skills/Attributes:

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

Education:

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

Comments\*:

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

\*In addition to any other comments, please note here if you appear before any Town Bodies, or otherwise may have a potential conflict of interest.

PLEASE FORWARD TO:  
Supervisor, Town of New Castle  
200 South Greeley Avenue  
Chappaqua, New York 10514