

**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