

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

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Years in New Castle: _____

Particular Town Body of Interest*:

*If you express interest in a particular Board, please attend at least one meeting of that Board prior to submitting this form.

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 potential conflict of interest.

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