



CITY BOARD & COMMISSION APPLICATION

Name & Occupation: _____

Mailing Address: _____

Do you live in the City of St. Albans? _____ If not, where? _____

Phone Numbers(s): _____

Email Address: _____

For additional information on a particular St. Albans City Board or Commission, please visit:
www.stalbansvt.com/boards

(Please feel free to use more space for your responses, if necessary.)

1. Please name the St. Albans City Board or Commission that you are applying for:

2. Reasons for wanting to serve on this group:

3. List skills or knowledge that would be relevant to this Board/Commission:

4. List work or volunteer experience that would add to your expertise for this Board/Commission:

All interested parties will receive consideration for appointment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, or any other category legally protected by federal or state law. We encourage members of traditionally underrepresented groups to contact us.

Please return your completed application to:
City of St. Albans, Attn: Kristen Smith, PO Box 867, 100 No. Main St., St. Albans, VT 05478
k.smith@stalbansvt.com | (802) 524-1500 ext. 253