



CITY BOARD & COMMISSION APPLICATION

Name & Occupation: _____

Mailing Address: _____

Daytime Phone: _____

Email Address: _____

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

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:

Public service opportunities are offered by the City of St. Albans without regard to race, color, national origin, religion, sex or disability.

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 | fax (802) 524-1505