

# TOWN OF BARRINGTON, RHODE ISLAND

This form will be used by any person interested in serving on the various committees of the Town.

## RESUME FORM

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

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

Business: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone No.: Home: \_\_\_\_\_ Office: \_\_\_\_\_

**VOLUNTEERING SERVICES TO:** \_\_\_\_\_  
Name of Committee

<b><u>EDUCATION:</u></b>	School	City, State	Degree
High School:	_____	_____	_____

College: \_\_\_\_\_

Other: \_\_\_\_\_

<b><u>EMPLOYMENT HISTORY:</u></b> (list most recent employment first),		
Name of Company	City, State	Type of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever served, on a committee in Barrington? \_\_\_\_\_

In another community? \_\_\_\_ Please list: \_\_\_\_\_

Other volunteer experience (name of organization, position):

How long have you resided in Barrington? \_\_\_\_\_

Previous address: \_\_\_\_\_

Please explain briefly your reason(s) for applying for an appointment to this particular committee:

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What special talents and experience do you possess which would be useful to the committee?

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Would you be representing any organization? \_\_\_\_\_

If yes, which one? \_\_\_\_\_

THE TOWN OF BARRINGTON DOES NOT DISCRIMINATE ON THE BASIS OF RACE,  
COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN THE  
EMPLOYMENT OR PROVISION OF SERVICES.

**Please be advised that pursuant to Chapter 2 of Title 38 of the Rhode Island General Laws, all the information provided by you to the town in connection with your application for an appointment to a town board/committee is deemed a Public Record subject to disclosure to any person who requests the same.**

Applicant's Signature: \_\_\_\_\_

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

RETURN THIS FORM TO: TOWN CLERK  
TOWN HALL, 283 COUNTY ROAD  
BARRINGTON, RI 02806