

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

EDUCATION: School City, State Degree
High School: _____

College: _____

Other: _____

EMPLOYMENT HISTORY: (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:

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

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.

Applicant's Signature: _____

Date: _____

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