

To Board Chairs: Please complete the following form for each applicant.

ADVISORY BOARD: _____

Chair Name: _____

1) Name of Applicant:

2) Is the applicant applying for a special or expert seat on your advisory board? Yes/No/ NA

3) If yes, which seat?

4) Is applicant already serving on the advisory board and eligible for reappointment to second term? Yes/NO. If yes, skip to question 8.

5) Did applicant attend advisory board meeting? Yes/No

6) If no meeting, date of contact via phone/email:

7) Did applicant demonstrate a clear understanding of the time commitment, roles and responsibilities of serving on the advisory board? Yes/No (if no, explain)

8) In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Town Council Liaison.

____ **Diversity**

____ **Occupation, experience or special skills**

____ **Other:** _____