



**Town Administrator's Office**  
 Paul F. Sagarino, Jr., Town Administrator  
 29 Center Street  
 Burlington, MA 01803  
 Tel: (781) 273-7600

***Town of Burlington  
 Town Administrator Committee Application***

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_  
**Present Employer:** \_\_\_\_\_

**I am interested in serving on the following committees and/or commissions (please check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Board of Appeals                 | <input type="checkbox"/> Cemetery Oversight Committee  | <input type="checkbox"/> Historical Commission            |
| <input type="checkbox"/> Beautification Committee         | <input type="checkbox"/> Community Life Center         | <input type="checkbox"/> Housing Partnership              |
| <input type="checkbox"/> Bike Committee                   | <input type="checkbox"/> Conservation Commission       | <input type="checkbox"/> Information Systems Advisory     |
| <input type="checkbox"/> B-Line Advisory                  | <input type="checkbox"/> Council on Aging              | <input type="checkbox"/> Rink Oversight Committee         |
| <input type="checkbox"/> Burlington Community Scholarship | <input type="checkbox"/> Cultural Council              | <input type="checkbox"/> Senior Housing Options Committee |
| <input type="checkbox"/> Cable Advisory Committee         | <input type="checkbox"/> Disabilities Access Committee | <input type="checkbox"/> Town Common Oversight            |
| <input type="checkbox"/> Town Government Review           | <input type="checkbox"/> Recreation Commission         |   |
| <input type="checkbox"/> Audit Committee                  | <input type="checkbox"/> Other _____                   |   |

**Amount of time available:**

4 meetings per month  2 meetings per month  1 meeting per month  Less than 1 meeting per month  
 Other (please specify): \_\_\_\_\_

**Please indicate any relevant training or experience:**

\_\_\_\_\_  
 \_\_\_\_\_

**Government or Community Volunteer Experience (Burlington or elsewhere):**

Position/Activity: \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 City/Town: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Your application will be added to the list of people who have expressed an interest in serving the Town of Burlington as a member of a board and/or commission.  
 Thank you for your interest in serving the Town  
 and returning this completed application to the Town Administrator's Office.*