



TOWN OF KILLINGLY

TOWN MANAGER'S OFFICE

172 Main Street, Killingly, CT 06239

Tel: 860-779-5300 ext 7 Fax: 860-779-5382

FOR OFFICE USE ONLY:

Address confirmed: Y/N

Interview Date:

Registered Voter: Y/N

Interview Time:

Party Confirmed: Y/N

All Actions Completed: Y/N

Boards & Commissions Questionnaire

Date: _____

Name: _____

Residence Address: _____

Mailing Address: _____

Occupation: _____

Phone Number: Home: _____ Business: _____ Cell: _____

*E-Mail Address: _____

1. How long have you lived in Killingly? _____
2. Are you a registered voter of the Town of Killingly? ☐ Yes ☐ No:
3. What is your party affiliation? ☐ Republican ☐ Democrat ☐ Unaffiliated/Other
4. Which Board or Commission appointment are you seeking? _____
5. Would you prefer a **regular** position, **alternate** position, or **it does not matter**. (Please circle one)
6. Why are you seeking appointment to this Board or Commission? _____

7. What is your experience or knowledge regarding this Board or Commission? _____

8. State your philosophy regarding this Board or Commission: _____

9. Boards and Commissions meet a minimum of 15 times per year; more if there are special meetings or projects. Therefore, it is required for all members to be in attendance to insure a quorum. Are you able to devote this amount of time? ☐ Yes ☐ No

Boards & Commissions Questionnaire

10. Have you attended any meetings of the Board or Commission for which you are seeking an appointment? ☐ Yes ☐ No
If yes, how many times in the past twelve months? _____

11. Would there be a possible conflict of interest if you were appointed to this Board or Commission? ☐ Yes ☐ No
If yes, please explain: _____

12. Have you ever come before or dealt with the Board or Commission to which you are seeking appointment? ☐ Yes ☐ No
If yes, please explain: _____

13. Have you ever served on a local government Board or Commission in this or any other town?
☐ Yes ☐ No
If yes, please explain: _____

14. If no openings exist on the Board or Commission to which you are seeking appointment, would you accept an alternate Board or Commission? ☐ Yes ☐ No
If yes, please list the Board(s) or Commission(s) in priority order:
1. _____
2. _____
3. _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON REVERSE SIDE.
RETURN TO: KILLINGLY TOWN MANAGER, 172 MAIN STREET, KILLINGLY, CT 06239. PLEASE CALL
IF YOU HAVE ANY QUESTIONS: 860-779-5300, ext. 7.