

**TOWN OF GILFORD**  
 Selectmen's Office  
 47 Cherry Valley Road  
 Gilford NH 03249  
 (603) 527-4700  
 FAX (603) 527-4711  
 selectmen@gilfordnh.org



**Board of Selectmen**

Gus Benavides  
 Kevin Hayes  
 John O'Brien

*Recreation Center of New Hampshire*

**TOWN OF GILFORD  
 BOARD/COMMISSION APPLICATION**

**Check all that apply:**

I am an applicant for:

- |  | Full Member              | Alternate                |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Planning Board                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Historic District and Heritage Commission | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation Commission                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Zoning Board of Adjustment                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Energy Committee                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <br>   |                          |                          |
| <input type="checkbox"/> Check if for re-appointment               |                          |                          |

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

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

Mailing Address, if different from above: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Education:

- High School  
 College

Specialized training: \_\_\_\_\_

**PLEASE COMPLETE BACK OF SHEET.**

Please indicate why you wish to be appointed or re-appointed to the Board or Commission that you have indicated above: \_\_\_\_\_

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

**Please include a letter of interest with your completed application if this is for a new appointment.**

I swear that the above-mentioned information is true to the best of my belief and understand that the Board of Selectmen has final authority in any appointment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Board Review**

Date of Review \_\_\_\_\_

Date of Appointment \_\_\_\_\_

Length of Appointment \_\_\_\_\_

Committee/Board Appointment \_\_\_\_\_

Gilford Board of Selectmen:

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