

TOWN OF WEST POINT
COMMUNITY SERVICE APPLICATION
(Please Print Clearly)

Application For: _____ Filing Date: _____

Applicant's Name: _____
(Last) *(First)* *(Middle)*

Home Address: _____

Telephone: Home: _____ Business: _____

Email Address: _____

Employer: _____

Since: _____

Are You Over 18? Yes No Are you a registered voter in West Point? Yes No

How long have you been a resident of West Point? _____

If married, give spouse's name: _____

Children's names and ages:

_____ <i>(Name)</i>	_____ <i>(Age)</i>	_____ <i>(Name)</i>	_____ <i>(Age)</i>
_____ <i>(Name)</i>	_____ <i>(Age)</i>	_____ <i>(Name)</i>	_____ <i>(Age)</i>
_____ <i>(Name)</i>	_____ <i>(Age)</i>	_____ <i>(Name)</i>	_____ <i>(Age)</i>

EDUCATIONAL EXPERIENCE

High School Attended: _____ Year Graduated _____

Advanced school or training (Name, year and degree or certification)

_____ <i>(School)</i>	_____ <i>(Year)</i>	_____ <i>(Degree or Certification)</i>
_____ <i>(School)</i>	_____ <i>(Year)</i>	_____ <i>(Degree or Certification)</i>

Professional and Civic experience: _____

Other interests and reasons which may be helpful in selecting you for Community Service: _____

Why do you want to serve on a Board or Commission?

Please email form to:

Karen Barrow

kmbarrow@west-point.va.us