



**TOWN OF ROCKY HILL**  
 761 Old Main Street, Rocky Hill, CT 06067  
 P: (860) 258-2700 F: (860) 257-1109  
[www.rockyhillct.gov](http://www.rockyhillct.gov)

(Rev. July 2021)

**VOLUNTEER APPLICATION FOR  
 COMMISSION ON INCLUSION AND INNOVATION**

Thank you for your interest in serving on the Town of Rocky Hill’s Commission on Inclusion and Innovation (Commission). Please complete the following information to assist the Mayor and Town Council in considering your interest in serving as a Commission member. Ideal applicants are those whose qualifications, in the discretion of the Town Council, best meet all of the fundamental objectives set forth in the ordinance. **Completed membership applications are due Monday, September 20, 2021, and should be submitted via email ([hrdept@rockyhillct.gov](mailto:hrdept@rockyhillct.gov)), or to the Department of Human Resources (761 Old Main Street, Rocky Hill, CT 06067).**

The Town complies with the EEO and ADA, and encourages applications for volunteer opportunities from all diverse persons and groups.

**GENERAL INFORMATION**

First Name:	Last Name:	Middle:	Suffix:
Address:		City:	State: Zip Code:
Phone Number:	Email Address:		

**VOLUNTEER HISTORY & COMMUNITY ACTIVITIES**

Do you have prior experience serving on any board or commission in any town? Check One:      YES      NO
If yes, please indicate the name of the Town/City, and explain your prior experience:
Please list and explain any involvement with community, professional and/or charitable associations.

**APPLICANT QUESTIONS**

1. What has inspired your interest in serving on the Commission?
2. What are your goals for the Commission and how do you hope to accomplish those goals?
3. Chapter 24 of the Town Code (Ordinance No. 288-21), describes the Commission’s purposes and duties. How do your own goals for the Commission relate to the Commission’s purposes and duties?

**REFERENCES**

<b>Reference #1</b>	First Name:	Last Name:	Phone Number:
	Email Address:		Relationship:
<b>Reference #2</b>	First Name:	Last Name:	Phone Number:
	Email Address:		Relationship:

**APPLICANT CERTIFICATION AND ATTESTATION OF GOOD FAITH PARTICIPATION**

By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application are subject to verification.

Further, I hereby attest that I have read, and agree with, the purposes and duties of the Commission on Inclusion and Innovation as written in Chapter 24 of the Town Code (Ordinance No. 288-21); commit to conducting myself accordingly, in good faith; and understand that I may be removed by action of the Town Council.

<b>Applicant Printed Name:</b>	<b>Applicant Signature:</b>	<b>Date:</b>
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Note: A typed signature will substitute for a handwritten signature.