

17 Highland Avenue Winthrop, Maine 04364

Municipal Board/Committee Application

As Amended 5/3/2021
Thank you for your interest in serving the community. Please fill out the form below. Thank you.

| NEW | RENEWAL |
|---|--------------------------------|
| Name: | _ Date: |
| Address: | Phone: |
| Ema | uil: |
| Occupation: | |
| Employer: | |
| Board or Committee applying for: | |
| Reason for applying (optional for renewal): | |
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| Relevant professional/personal/volunteer expe | rience (optional for renewal): |
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| Signature of applicant | |

WINTHROP CODE OF ETHICS: APPOINTED OFFICIALS

February 2021

We appreciate your willingness to volunteer to help make the work of our Town more effective and responsive to the needs of the public. When serving as a volunteer on one of our boards or commissions, there are some essential obligations that come with these appointments. The following commitments are important to consider when agreeing to help our citizens and we ask for your agreement to these commitments by signing below.

1. I agree to make decisions that abide by the Town Charter and the laws and Constitution of the State

of Maine.

2. I agree to avoid any actual conflict of interest when conducting my appointed duties and to provide

public notice and take actions to avoid even the appearance of such conflicts should they occur.

3. I agree to conduct the public's business in public and engage in civil and respectful discussions of

matters that come before me.

4. I agree that any complaints about my conduct or the board on which I sit or any town employee will

be referred to the Chair of the board on which I sit and then, where appropriate, to the Town

Manager for action.

5. I agree to regularly attend required meetings.

6. I agree to exercise my judgement based on a consideration of the facts of any application in a fair

and impartial manner.

7. I agree to enroll in one or more Maine Municipal Association courses related to my appointment to

be paid for by the Town of Winthrop within a reasonable time after the assumption of my initial

duties.

BOARD OR COMMISSION:

SIGNATURE OF APPLICANT:

DATE: