Application for Position of Goshen Planning Board Alternate Member

Name:	Date:
Address:	
Telephone Number:	Email Address:

Please respond to all questions below; attach extra sheets as necessary.

the Planning Board. Submit your completed application at the Goshen Town Office during regular business hours, or by email to PlanningBoarda Goshennh.org. The Chairperson will contact you to arrange a time for you to meet with

- 1. How many years have you been a resident of Goshen?
- 'n Describe why you are interested in becoming an alternate member of the Planning Board:

- w Will you be able to meet on the first and last Tuesday evening of each month?
- 4 (Training sessions are typically held as one-day Saturday sessions in the Spring and in the Fall) Will you agree to attend training sessions, sponsored by the New Hampshire Office of Energy and Planning, on performing the duties of the office of Planning Board member?
- Ç How many hours per week outside of required meetings could you dedicate to the Planning
- ÷ Describe any experience you have had serving on a land use board in New Hampshire:
- .7 Hampshire: Describe any experience you have had serving on a land use board outside of New
- œ Describe any experience you have had working with a team to produce joint decisions or other products:

Ě	
II local or	nature?
"Il local ordinances and regulations	nature? (The Planning Board is r
onlations)	Board is responsib

The Company of the second of t

ļ.