

# Town of New Paltz, New York

## Volunteer Application

*please fill out one form for each commission/committee/board for which you apply*

Date of Application (include month, day and year): \_\_\_\_\_

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Last Name

First Name

Middle Initial

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Mailing Address

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Street Address

Town

Zip Code

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Home Phone #

Business Phone #

Cell Phone #

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Commission/Committee/Board for which you are volunteering

I have applied for this position previously

Yes

No

Please list any background experience, education or special skills that pertain to the committee, commission or board for which you are applying:

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Resume attached

Yes    No

Age 18 or over

Yes    No

*If no, please provide age* \_\_\_\_\_

When completed, return to:  
Town of New Paltz, Office of the Supervisor,  
PO Box 550, New Paltz NY 12561  
assistant@townofnewpaltz.org