

**APPLICATION FOR APPOINTMENT TO  
TOWN OF CORNING ADVISORY BOARDS AND COMMITTEES**

The Town of Corning encourages town residents to be involved in local governmental decisions that affect them. One important way to participate in the Town of Corning's governmental process is to serve as a member of a town advisory board and/or committee. If you would like to be considered for appointment to an advisory board or committee, please provide the information requested below and submit the completed form to the Town Clerk, Town of Corning, 20 South Maple Street, Corning, NY 14830. In .pdf form, it can be emailed to the Town Clerk at: townclerk@townofcorningny.org

**Advisory Board or Committee of interest:**

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell)

Resident of Town of Corning/Village of South Corning: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Educational background:** \_\_\_\_\_

\_\_\_\_\_

**Occupation and/or Relevant Experience:** \_\_\_\_\_

\_\_\_\_\_

**Other Boards/Committees/Commissions on which you presently serve:** \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Town of Corning to verify all information included in this application and understand that it will be kept on active file for three years.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy to Town Supt. & Council Members: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Form adopted by Corning Town Council: 5/22/2019*