

Inclusivity Working Group Application

Please complete and submit by September 23, 2024

* Indicates required question

1. Email *

2. Name *

First and Last

3. Home Address

4. Phone Number

5. Please briefly describe your interest in participating in this working group *

6. Please provide a short explanation of your skills and background.

7. Have you reviewed and are you prepared to meet the working group commitment (per August 26th Inclusivity Working Group memo adopted by the Charlotte Selectboard on August 26th)? *

Mark only one oval.

Yes

No

8. Have you reviewed and are you prepared to adhere to the Town of Charlotte Conflict of Interest Policy dated August 8, 2011? *

Mark only one oval.

Yes

No
