

# Inclusivity Working Group Application

Please complete and submit by September 23, 2024

\* Indicates required question

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1. Email \*

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2. Name \*

First and Last

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3. Home Address

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4. Phone Number

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

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

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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

