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TOWN OF NEW BOSTON NEW HAMPSHIRE

APPLICATION FOR APPOINTMENT

Please print neatly or type application

Name: St. Amand Ben R
(Last) (First) (Middle)

Residence Address: 6 Howard lane
New Boston NH 03070
(Town) (State) (Zip)

Home Phone: 603-487-5591

~~Work~~ ^{cell} Phone: 603-554-7542

E-mail address: BenStamand@Gmail.com

Are you a US Citizen? Yes No (circle one)

How long have you lived in New Boston? 24 years

Is New Boston your exclusive domicile? Yes No (circle one)

Explain if answer is no. _____

Board/Committee for which you want to be considered:

Forestry

How did you learn of this opening? Rodney Towne

Are you regularly able to attend this Board's/Committee's meetings?

Yes No (circle one)

Which night(s) of the week is/are best for you to attend meetings?

Mon Tue Wed Thur Fri (circle one)

What interest motivated you to apply for appointment to this Board/Committee?

Please explain below;

I Have a background in forestry and would love to be able to help w,th the town forests to improve them.

Are there any specialized courses or seminars you have taken which should be considered with this application. Please explain below;

Associates in Arboriculture, BS. in Parks rec and facilities management, Pesticide operators lisenca, Nationaly Certified Arborist (ISA)
I constantly attend seminars on tree diseases and pests as well as Plant healthcare.

EXPERIENCE - WORK HISTORY

In the section below, please describe your experience/work history, with emphasis on experience pertaining to the appointment for which you are applying. Please address any potential conflicts of interest (example: you are a contractor and wish to be on the Planning Board). You are encouraged to submit a resume with this application.

I work under the city arborist for Concord
This includes Pruning trees, Removals, Plantings
Tree ID, Recognizing Diseases and pests that harm or kill trees. Have worked in the forestry/Arb. business for 6 years now.

This affirmation MUST BE COMPLETED

I certify that there are no willful misrepresentations of the above statements and answers to the questions. I understand that should an investigation disclose such misrepresentations, my application may be rejected.

SIGNATURE:



DATE:

4-6-16

Unless otherwise specified, application should be returned to:

Town of New Boston
Office of the Selectmen
7 Meetinghouse Hill Road
P O Box 250
New Boston, NH 03070-0250