



THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS
Department of Agricultural Resources

State Reclamation and Mosquito Control Board

251 Causeway Street, Suite 500
Boston, MA 02114-2151

<http://www.mass.gov/agr/mosquito/index.htm>



Mosquito Control District/Project Commissioner Application

Instructions: Type or print clearly in black or blue ink. **Answer all questions and check all boxes.**

Incomplete applications may not receive consideration for appointment or re-appointment. *Don't forget to **Sign, Date, and Attach** all required documents to this application (see end of application).*

IMPORTANT: PLEASE MAKE 2 COPIES OF THIS DOCUMENT AFTER YOU COMPLETE THIS ONE AND SUBMIT TO THE ABOVE ADDRESS TO THE ATTENTION OF CHAIRMAN.

I AM APPLYING FOR:

- NEW APPOINTMENT
- RE-APPOINTMENT

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address

City, State, Zip Code

Home Phone Number

(____) _____

Work Phone Number (____) _____

Mosquito Control District/Project Commissioner Application

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

EDUCATION: (List highest education level obtained i.e. High School, College, Masters, PhD)

Name and Address Of School Major Degree/Diploma Graduation Date

SPECIAL QUALIFICATIONS

Be Specific:

(Use additional paper to answer questions, if necessary)

Describe or explain your knowledge of mosquito control:

Mosquito Control District/Project Commissioner Application

Describe why you are or would be an asset to, and a useful member, of the Mosquito Control Commission?

The functions of a Commissioner may require you to attend meetings outside of regularly scheduled Mosquito Control Project Commissioner meetings to meet with other Boards of Commissioners projects, citizens groups, State Reclamation and Mosquito Control Board, etc. (Note: Meetings may take place during business hours, evenings and/or on weekends). How often would you be able to meet annually?

- None
- 1-3 times annually
- 4- 6 times annually
- On an as need basis

Do you have an e-mail address?

- YES
- NO

If YES, what is your e-mail address?

Are you willing to take part in an e-mail discussion group (list serve) pertaining to mosquito control?

- YES
- NO

Are you willing to be contacted directly by municipalities, concerned citizens, or other parties concerned or interested in mosquito control? (Note: When answering this question, the Board does not recommend Commissioners use their home address or telephone number.)

- YES
- NO
- If so, indicate your preferred mechanism to contact you such as work address, work phone, or e-mail _____

Mosquito Control District/Project Commissioner Application

List certificates, certifications, registrations or occupational licenses held (including numbers and expirations dates which may be relevant to the position for which you are applying):

One of the main duties of Commissioners is to represent the interests of member, and would-be member municipalities. Describe or explain how you plan to communicate with member municipalities to ensure that you are aware of their concerns and viewpoints?

Attach the following required documents with this application:

1. Your current CV/Resume
2. One or more letters of support from a municipal official or board. The greatest weight will be given to those candidates whose letters are from local officials or boards with direct relevance to mosquito control such as the Board of Health, Conservation Commissioners, and Select Boards.
3. A signed copy of the statement titled Commissioner Roles and Responsibilities indicated that you understand and agree to meet these roles and responsibilities, to the best of your ability, should you be appointed or re-appointed as a Commissioner.

I certify that information contained in this application is true, complete, and correct to the best of my knowledge. I understand that false information may be grounds for disqualifying me from appointment or revocation of appointment to a Mosquito Control Commission.

Signature: _____ **Date:** _____

IMPORTANT: PLEASE MAKE 2 COPIES OF THIS DOCUMENT AFTER YOU COMPLETE THIS ONE AND SUBMIT TO THE ABOVE ADDRESS TO THE ATTENTION OF CHAIRMAN.