

## Application Form

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### Profile

Beth \_\_\_\_\_ E \_\_\_\_\_ Ribe \_\_\_\_\_  
First Name Middle Initial Last Name

beth\_ribe@live.com \_\_\_\_\_  
Email Address

129 Rose Hill Rd \_\_\_\_\_  
Home Address Suite or Apt

Ledyard \_\_\_\_\_ CT \_\_\_\_\_ 06339 \_\_\_\_\_  
City State Postal Code

Home: (860) 449-4502 \_\_\_\_\_ Home: (860) 449-4502 \_\_\_\_\_  
Primary Phone Alternate Phone

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### Which Boards would you like to apply for?

Planning & Zoning Commission: Submitted

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### Education & Experiences

Please tell us about yourself and why you want to serve.

#### Why are you interested in serving on a board or commission?

I enjoy serving on the IWWC which I've had the pleasure to serve on for the past several years, and hope to continue to serve. I particularly enjoy participating to insure the visions of the development, sustainability and the legacy of this town and its members.

#### Community Involvement

Currently serve on the IWWC. I am a Board Member and Fundraiser Coordinator the Ledyard Soccer Club. Most recently was on the Committee to Review the Budget Process.

#### Educational Background

DeVry Univ - Business Admin/Project Mgt 2009 Cony High School 1990 - Augusta ME

Rexel/Capitol Light \_\_\_\_\_ PROJ MGR \_\_\_\_\_  
Employer Job Title

[Beth\\_E\\_Ribe\\_2024.docx](#) \_\_\_\_\_  
Upload a Resume

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### Party Affiliation

**Party Affiliation \***

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Independent

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**Disclaimer & FOIA Information**

Your attendance and active participation is important for the Committee to conduct its business. Any member of a Committee/Commission/Board who is absent from three (3) consecutive regular meetings and any intervening duly called special meetings shall be considered to have resigned from the Committee and the vacancy shall be filled, except that the Committee may vote to waive attendance requirements in each case where illness or other extenuating circumstances make it impossible for a member to meet the attendance requirements. It shall be the responsibility of the Chairman of the Committee to notify the Town Council or Mayor's office when a member has not properly performed his/her duties.

**Please Agree with the Following Statement**

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**If selected as a board member, I understand that information on this application is subject to the Freedom of Information Act (FOIA) and may be disclosed to anyone requesting this information.**

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I Agree

**Signature (type full name below)**

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Beth E Ribe