

## Application Form

---

### Profile

Kristie \_\_\_\_\_ M \_\_\_\_\_ Gardiner-Lundgren \_\_\_\_\_  
First Name Middle Initial Last Name

kristielundgren@hotmail.com \_\_\_\_\_  
Email Address

70 Iron St \_\_\_\_\_  
Home Address Suite or Apt

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

Home: (360) 620-7192 \_\_\_\_\_  
Primary Phone Alternate Phone

---

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

Cemetery Committee: Submitted

---

---

### 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 the duties maintaining the abandoned cemeteries my family and I have already accepted for the committee. I would like to offer more time and assume more responsibility in caring for the town's cemeteries.

### Community Involvement

Currently a volunteer maintaining cemeteries in Ledyard.

### Educational Background

---

Self-employed \_\_\_\_\_ Artist \_\_\_\_\_  
Employer Job Title

\_\_\_\_\_  
Upload a Resume

---

### Party Affiliation

**Party Affiliation \***

---

Unaffiliated

---

**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**

---

**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.**

---

I Agree

**Signature (type full name below)**

---

Kristie Gardiner-Lundgren