

Application Form

Profile

Phyllis

First Name

M

Middle
Initial

McCormack

Last Name

phyllismccormack@hotmail.com

Email Address

31 Tanager Lane

Home Address

Suite or Apt

Gales Ferry

City

CT

State

06336

Postal Code

Home: (860) 608-7377

Primary Phone

Alternate Phone

Which Boards would you like to apply for?

Ledyard Beautification 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 beauty of our town and would like to participate in maintaining it as well as improving it.

Community Involvement

I am recently widowed and retired and have not participated in many community endeavors. I am a past member of a Lions club and have had involvement in fund raising activities such as pancake breakfasts and a golf tournament. I have pass in membership as an EMT at the Mohegan Fire Company.

Educational Background

I am a registered nurse and still work per diem I have a Bachelor's degree in nursing

Lawrence Memorial Hospital

Employer

Staff Nurse

Job Title

Upload a Resume

Party Affiliation

Party Affiliation *

Independent

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)

Phyllis McCormack