

Application Form**Profile**

Anne
First Name

T.
Middle Initial

Roberts-Pierson
Last Name

ar-pierson@att.net
Email Address

4 Anderson Drive
Home Address

Suite or Apt

Gales Ferry
City

CT
State

06335
Postal Code

Home: (860) 464-8101
Primary Phone

Home: (860) 772-4694
Alternate Phone

Which Boards would you like to apply for?

Historic District Commission: 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 would like to be of service to our town. I have the time, some energy, life experience, and while I cannot do everything, I can do something. I'd like to make use of my life while I have it.

Community Involvement

Former member of Ledyard Historic District Commission, 2005.- 2008, possibly starting 2001 or 2002 Former member of Ledyard Conservation Commission, 2003-2010 Ledyard Senior Center Meals-on Wheels driver, 2006 to 2007 timeframe Dow Community Advisory Panel member 2011-present Eastern CT Conservation District Board member 2010-2020 Avalonia Land Conservancy Board member and Office of President 2004 - 2011 Groton Open Space Association Board member 20teens Avery Copp House Board member 20teens

Educational Background

Graduate University of Connecticut 1979

None
Employer

Retired
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)

Anne T. Roberts-Pierson