

Application Form

Profile

Ethan _____ D _____ Foltz _____
First Name Middle Initial Last Name

foltzethanlhs@gmail.com _____
Email Address

894 Colonel Ledyard Hwy _____
Home Address Suite or Apt

Ledyard _____ CT _____ 06339 _____
City State Postal Code

Home: (860) 501-5261 _____
Primary Phone Alternate Phone

Which Boards would you like to apply for?

Ledyard Farmers Market 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'm interested in assisting the community with supporting the Ledyard Farmer's Market. I think it's an important event to maintain and provide for the general enrichment of the citizens, as well as the promotion of small local businesses.

Community Involvement

My only previous community involvement is the initial setup for the Ledyard Food Pantry, I assisted Jim Sorensen in moving the first wave of donations into the temporary home for the food pantry in front of the Ledyard Congregational Church.

Educational Background

I graduated from Ledyard High School in 2017, and attended courses at Three Rivers Community College over the course of 2019-2022, changing majors and focuses a few times before deciding to turn my attention towards becoming an EMT. I graduated from the Norwich American Professional Education Services course for EMTs in May of this year (2023) and am currently progressing through the steps to register with the NREMT.

860Kombucha _____ Brewer _____
Employer Job Title

Party Affiliation

Party Affiliation *

Democrat

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)

Ethan David Foltz