

TCI SELECTBOARD  
KATELYN DAMON, CHAIRPERSON  
JANUARY BENNETT

TOWN CLERK / TREASURER  
DENISE McCORMICK



ADMINISTRATIVE ASSISTANT  
TO THE SELECTBOARD  
JAMES FORTUNE

PUBLIC SAFETY COORDINATOR  
SHARON MORRELL

Study of Transition to a Town Manager Form of Government  
Committee Member Application Form

All applications must be received at the Town office or via email by March 28, 2025.

You may also find this form online at:  
<https://forms.office.com/r/EeCHyeyXXE>

Thank you for your interest in serving on the Committee for the study of a potential transition to a town manager form of government. Please complete the following application form to be considered for an appointment.

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1. Personal Information

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Preferred Method of Contact (circle one): Phone, Email, No preference

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2. Eligibility Requirements

- Are you a resident of the Town of Cranberry Isles (circle one) ?
  - Yes
  - No
- If no, please explain your connection to the community.

### 3. Relevant Experience and Skills

Please briefly describe your background and experience that you feel would contribute to the work of the Ad Hoc Committee. (For example: public service, business ownership, municipal governance, legal or financial expertise, knowledge of local issues, etc.)

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### 4. Reason for Interest

Why are you interested in serving on this Ad Hoc Committee? What do you hope to contribute to the study of the transition to a town manager form of government?

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### 5. Availability

Committee members are expected to attend regular meetings, which may be held monthly or more frequently as needed will require additional time for research. Please indicate your availability and commitment to attend meetings:

- Are you able to attend monthly meetings (circle one)?
  - Yes
  - No
  - Occasionally (please specify availability):

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### 6. Conflict of Interest

To ensure transparency and integrity in the committee's work, please disclose any potential conflicts of interest, including financial, professional, or personal relationships that could influence or appear to influence your participation on the committee.

- Do you have any potential conflicts of interest (circle one)?
  - No
  - Yes (please describe):

## 7. References

Please provide the names and contact information of two references who can speak to your qualifications and character:

1. Reference Name:

○ Phone Number:

○ Email Address:

2. Reference Name:

○ Phone Number:

○ Email Address:

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## 8. Additional Information

Please use the space below to provide any additional information you believe is important for your application:

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## Certification and Agreement

By submitting this application, I certify that the information provided is accurate and complete to the best of my knowledge. I understand that submitting this application does not guarantee an appointment to the Ad Hoc Committee.

Signature:

Date:

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## Submission Instructions:

Completed applications can be submitted in one of the following three ways:

1. Email your completed application to Selectboard Chair, Katelyn Damon, at [katelyn@cranberryisles-me.gov](mailto:katelyn@cranberryisles-me.gov)
2. Mail your completed application to:

Town of Cranberry Isles  
Town Manager Committee  
PO BOX 56  
Islesford, Maine 04646

3. Drop off your application at:  
Town of Cranberry Isles Town Office  
61 Main Street  
Islesford, Maine 04646

Deadline for Submissions:

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