



Check One: Initial Application
 Reappointment Application

TOWN OF HAMPDEN APPLICATION FOR TOWN BOARDS AND COMMITTEES

NAME: Reilly Joan C
LAST FIRST MI

ADDRESS: 208 Western Ave #6 Hampden ME 04444
STREET TOWN ZIP

MAILING ADDRESS (if different): _____

TELEPHONE: 800-620-2225 _____
HOME WORK

EMAIL: jcreil@gmail.com

OCCUPATION: Pharmacy operations Manager

BOARD OR COMMITTEE PREFERENCE:
 FIRST CHOICE: Planning Board
 SECOND CHOICE (OPTIONAL): _____

How would your experience, education and/or occupation be a benefit to this board or committee? I have a Computer Science (engineering track) & Doctorate in Pharmacy degree which enable me to understand and assess multiple situations. I manage the pharmacy department at Eastern Maine Medical Center and am responsible for finance, contracts, compliance with local, state and federal regulations, personnel issues and renovation and construction of 3 pharmacy areas

Are there any issues you feel this board or committee should address, or should continue to address? _____

- | | | |
|--|---|---|
| CONSERVATION COMMITTEE
BOARD OF ASSESSMENT REVIEW
PERSONNEL APPEALS BOARD
LURA HOIT MEMORIAL POOL
ECONOMIC DEVELOPMENT COMMITTEE
FRIENDS OF DOROTHEA DIX PARK | <u>3 YEAR</u> | DYER LIBRARY
RECREATION COMMITTEE
BOARD OF APPEALS
HISTORIC PRESERVATION COMMITTEE
TREE BOARD |
| | <input checked="" type="checkbox"/> <u>5 YEAR</u>
PLANNING BOARD | |

FOR TOWN USE ONLY	Date Application Received: <u>NOV 09 2015</u>
COUNCIL COMMITTEE ACTION: _____	DATE: _____
COUNCIL ACTION: _____	DATE: _____
<input type="checkbox"/> NEW APPT <input type="checkbox"/> REAPPOINTMENT DATE APPOINTMENT EXPIRES: _____	