

CTCA
MENTOR PROGRAM

Enrollment Form

Yes, I would like to participate as a:

New Clerk _____ or Mentor _____ in the Mentor Program.

Name _____

Municipality _____

Address _____

County _____

Telephone _____ Fax _____

E-Mail Address _____

Population _____ Hospital Town: Yes___ No___

Other Duties: _____

Please mail to:

Sherrri Mutch, Town Clerk
5 Town Hall Road
Ashford, CT 06278

Tel: 860-487-4401
smutch@ashfordtownhall.org