

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:

Sherri L. Mutch, Town Clerk
5 Town Hall Road
Ashford, CT 06278

Phone: 860-487-4401

E-mail: smutch@ashfordtownhall.org