Toddy Pond Watershed Management District

Trustee Application Form

Mission Statement:

The Toddy Pond Watershed Management District (TPWMD) will be governed by a Board of Trustees. This Board will manage all affairs of the district, manage the dam and work to preserve, protect, and enhance the water quality and natural resources of Toddy Pond and its watershed for the benefit of current and future generations.

Applicant Information

Name: _____

Mailing Address: _____

Town: _____

ZIP: _____

Email: _____

Phone: _____

Eligibility

Trustees do not have to be residents or property owners within the Toddy Pond Watershed but they do need to be individuals with a demonstrated commitment to its protection. Trustees serve a three-year term and are expected to attend meetings, participate in committees, and support the District's mission.

Background and Experience

1. Are you a property owner or resident within the Toddy Pond Watershed? ☐ Yes ☐ No

If yes, please describe your connection to Toddy Pond:

_____

_____

2. Please describe your education, professional background, or relevant experience:

_____

_____

3. List any prior experience serving on boards, committees, or community organizations:

_____

_____

4. What skills, perspectives, or expertise would you bring to the TPWMD Board of Trustees? (e.g., environmental science, community organizing, finance, communications, legal, fundraising):

_____
_____

Motivation and Commitment

5. Why are you interested in serving as a Trustee for the Toddy Pond Watershed Management District?

_____
_____

6. How do you see yourself contributing to the District's mission of protecting the Toddy Pond watershed?

_____
_____

7. Are you able to attend regularly scheduled meetings and participate in subcommittees as needed? ☐ Yes ☐ No ☐ Unsure

References

Please provide the names and contact information of one or two individuals who can speak to your character, community involvement, or relevant experience.

Name: _____ Phone/Email: _____

Name: _____ Phone/Email: _____

Signature

I certify that the information provided above is true to the best of my knowledge and that I am willing to serve in accordance with the bylaws and mission of the Toddy Pond Watershed Management District.

Signature: _____ Date: _____

Please return completed applications to:
Toddy Pond Association

Email: toddymail@toddypond.org

Address: P.O. Box 645

Blue Hill, Maine 04614