

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 _____

Email Address _____

Population _____ Hospital Town? Yes _____ No _____

Other Duties _____

Please return to:

Pamela Theroux, Voluntown Town Clerk
Town Hall
115 Main Street
P.O. Box 96
Voluntown, CT 06384

Email: ptheroux@voluntown.gov

Phone: 860-376-4089