



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

\_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

I would be interested in serving on the following:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Planning Commission</b>         | <input type="checkbox"/> <b>Zoning Hearing Board</b>      |
| <input type="checkbox"/> <b>Park &amp; Recreation Board</b> | <input type="checkbox"/> <b>Emergency Management Team</b> |
| <input type="checkbox"/> <b>Historical Commission</b>       | <b>Other:</b> _____                                       |

Please explain your interest in the commission(s) you have chosen:

\_\_\_\_\_  
\_\_\_\_\_

I have served on \_\_\_\_\_ in the community of \_\_\_\_\_.

Dates of service: \_\_\_\_\_.

Please summarize your previous experience as a volunteer or commission member. Please attach additional page(s) if more space is needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** This form will remain on file until notice from you or for a period of two years. Resumes or any materials you feel might be helpful can be attached.

*Your interest and willingness to help is sincerely appreciated.*

Mail, fax, or email application to:

**East Vincent Township**  
262 Ridge Road Spring  
City, PA 19475  
610-933-4424 phone  
610-933-1142 fax  
manager@eastvincent.org