



VOLUNTEER APPLICATION FORM

Thank you for your interest in serving Skippack Township. Please complete this form and return it to Beth Ann Mazza, at bmazza@skippacktownship.org

Applicant Information:

Full Name: _____

Address: _____

Phone: _____

Email: _____

Years of Residency in Skippack Township: _____

Position Sought:

- ☐ Planning Commission
- ☐ Zoning Hearing Board
- ☐ Parks and Recreation Board
- ☐ Environmental Advisory Committee
- ☐ Open Space Committee
- ☐ Other: _____

Background and Qualifications:

Current Occupation / Employer: _____

Relevant Education / Training: _____

Prior Government, Volunteer, or Community Service Experience:

Professional Skills or Areas of Expertise Relevant to the Township:

☐ Resume attached for reference.

Why are you interested in serving on this board / Committee?

Conflict of Interest Disclosure:

☐ No ☐ Yes (explain why)

Availability:

How often are you available to attend evening meetings?

☐ Regularly ☐ Occasionally ☐ Rarely

Are you willing to attend required training sessions (if applicable)?

☐ Yes ☐ No

Certification:

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that this form is a public record under the Pennsylvania Right-to-Know Law.

Signature: _____

Date: _____