

## VOLUNTEER BOARD APPLICATION (Completion of Form is Optional)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children's Ages \_\_\_\_\_

School(s) Children Attend \_\_\_\_\_

Please indicate desired boards and committees below, in order of preference. For details about meeting dates/times and to read meeting minutes, please visit the Boards and Commission page at [www.uppermakefield.org](http://www.uppermakefield.org). You can also call Township offices at 215-968-3340 for information. Applicants are encouraged to read meeting minutes and attend a meeting to become familiar with the responsibilities and obligations of membership.

Environmental Advisory Council

Planning Commission

Historical Advisory Commission

Park & Recreation Board

Financial Advisory Committee

Investment Committee

Historic Architectural Review Board

Zoning Hearing Board

Agricultural Security Board

Cable Advisory Board

Other board, commission, committee or task force: \_\_\_\_\_



# Upper Makefield *Township*

1076 Eagle Road | Newtown, PA 18940 | p 215.968.3340 | f 215.968.9228 | www.uppermakefield.org

Have you attended a meeting of the board or commission that interests you?  YES  NO

How long have you lived in Upper Makefield Township? \_\_\_\_\_

Reason for desired appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience related to desired appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any special awards or recognition received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Township activities: \_\_\_\_\_

\_\_\_\_\_

Employment experience (or attach resume): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to attend Township sponsored and subsidized training programs related to your particular Board?  YES  NO

Would you be willing to commit to a minimum attendance of 75% of the scheduled meetings for the Board?  YES  NO



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Please list other volunteer activities or related experience: \_\_\_\_\_

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Additional remarks: \_\_\_\_\_

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Signature: \_\_\_\_\_

*Your application will remain on file for two (2) years from the date on this form.*

Thank you for your interest in serving the community.

**Mail, email or drop off completed form to:**

Township Manager  
1076 Eagle Road  
Newtown, PA 18940  
[info@uppermakefield.org](mailto:info@uppermakefield.org)

