

# LOWER SAUCON TOWNSHIP

## Volunteer Information Form

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Name	Date	
Address		
City	State	Zip
Phone	Fax	
Email Address		

Occupation	Company	
Business Address		
City	State	Zip
Phone	Fax	
Email Address		

### VOLUNTEER BOARD/COMMISSION(S)

Check here if you're willing to serve wherever needed. (Indicate preferences for service)

1st Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Skills, abilities and experiences relevant to board or commission applying for:

Please tell us why you would like to serve as an appointed volunteer on a Township board or commission and describe your vision for Lower Saucon Township's future:

Please attach a resume and/or letter of interest.  
Thank you for volunteering your valuable time and talents!