

LOWER SAUCON TOWNSHIP

Volunteer Information Form

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 _____

2nd 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!