

LOWER SAUCON TOWNSHIP
FIRE SERVICE EXECUTIVE COMMITTEE

Volunteer Information Form

Name		Date	
Address			
City		State	Zip
Phone		Fax	
Email Address			

Occupation		Company	
Business Address			
City		State	Zip
Phone		Fax	
Email Address			

Skills, abilities and experiences relevant to the **Fire Service Executive Committee**:

Please tell us why you would like to serve as an appointed volunteer on the **Fire Service Executive Committee**:

Are you a member of Lower Saucon Fire Rescue: Yes _____ No _____

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